

Foster Family Home - Deficiency Report

Provider ID: 1-210036

Home Name: Maricel Corpuz, CNA

Review ID: 1-210036-5

94-972 Lumiloke Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/17/2023

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH is in compliance with all requirements.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

Maribel Nakamine, RV 2/17/23

Compliance Manager
Maricel Corpuz

Primary Care Giver
Date *2/17/23*
Date *2/17/23*