

# Foster Family Home - Deficiency Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-15

96-137 B Waiawa Road

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/16/2023

**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.

Maribel Nakamine, RN      2/16/23  
Compliance Manager      Date  
Meloni Trias      2/16/23  
Primary Care Giver      Date