

Foster Family Home - Deficiency Report

Provider ID: 1-090119

Home Name: Myung Suk Hiruko, CNA

Review ID: 1-090119-14

94-1002-B Kikepa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/5/2023

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 3-bed recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine
Compliance Manager
Date 5/5/23

Myung Suk Hiruko
Primary Care Giver
Date 5/5/23