

# Foster Family Home - Deficiency Report

Provider ID: 1-572538

Home Name: Nenita Gouveia, CNA

Review ID: 1-572538-13

94-573 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/31/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

.6.d.1- Unannounced visit made to a 3-bed recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, RN 1/31/23  
Compliance Manager  
Nenita Gouveia 1/31/23  
Primary Care Giver  
Date