

Foster Family Home - Deficiency Report

Provider ID: 1-160054

Home Name: Sheila Limon, CNA

Review ID: 1-160054-11

1122A Ahe Ahe Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 3/13/2023

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 at the time of the inspection.

Maribel Nakamine, RN 3/13/23
Compliance Manager Date
SP Limon 3/13/23
Primary Care Giver Date