

Foster Family Home - Deficiency Report

Provider ID: 1-120009

Home Name: Sherry Bayangos, CNA

Review ID: 1-120009-15

142 Circle Drive

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/6/2023

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 inspection.

Maribel Nakamine, RN ^{3/6/23}
Compliance Manager
Sherry Bayangos
Primary Care Giver
Date 3/6/23
Date