

# Foster Family Home - Deficiency Report

Provider ID: 1-512352

Home Name: Trinidad Lameg, CNA

Review ID: 1-512352-16

109 Kaniko Place

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 4/5/2023

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 home visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 4/5/23  
Compliance Manager Date  
Trinidad Lameg 4/5/23  
Primary Care Giver Date