

Foster Family Home - Deficiency Report

Provider ID: 1-100074

Home Name: Werlina Young, CNA

Review ID: 1-100074-13

94-440 Hiapaipole Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/18/2023

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, *kw* 4/18/23

Compliance Manager Date
Werlina Young 4/18/23

Primary Care Giver Date