

Foster Family Home - Deficiency Report

Provider ID: 1-510059

Home Name: Cherly Silao, CNA

Review ID: 1-510059-14

4107 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 6/2/2023

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, RW 6/2/23
Compliance Manager Date
Cherly Silao 6/2/23
Primary Care Giver Date