

Foster Family Home - Deficiency Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN

Review ID: 1-511114-14

1428 Kaumoli Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/13/2023

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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 6/13/23
Compliance Manager Date
Charlyne D. Menor 6/13/23
Primary Care Giver Date