

Foster Family Home - Deficiency Report

Provider ID: 1-140057

Home Name: Daisy Kaneshi, CNA

Review ID: 1-140057-13

94-535 Ana Aina Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/30/2023


Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

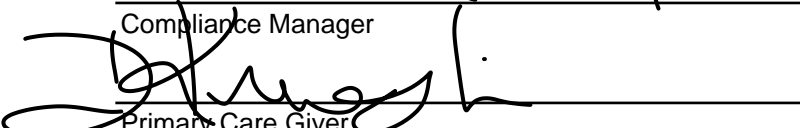
Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver

Date: 5/30/23 Date: 5/30/23