

Foster Family Home - Deficiency Report

Provider ID: 1-140064

Home Name: Grace Tirador, RN

Review ID: 1-140064-13

94-1217 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/15/2023

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN
Compliance Manager
Tirador
Primary Care Giver

6/15/23
Date
6/15/23
Date