

Foster Family Home - Deficiency Report

Provider ID: 5-510819

Home Name: Elisa Suniga, CNA

Review ID: 5-510819-20

4860-A Nonou Road

Reviewer: Maribel Nakamine

Kapa'a

HI 96746

Begin Date: 7/3/2023

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.

CG requests to increase from a 2-bed to a 3-bed CCFFH.

Maribel Nakamine, RN 7/3/23
Compliance Manager Date
Elisa Suniga 7/3/23
Primary Care Giver Date