

# Foster Family Home - Deficiency Report

Provider ID: 5-120063

Home Name: Emily Mariano, CNA

Review ID: 5-120063-16

3250 Unahe Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/6/2023

**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 annual inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RW*

Compliance Manager

Date

*7/6/23*

*EM*

Primary Care Giver

Date

*7/6/23*