

# Foster Family Home - Deficiency Report

Provider ID: 1-210075

Home Name: Dexter Pacariem, NA

Review ID: 1-210075-5

94-314 Hilihua Way

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/17/2023


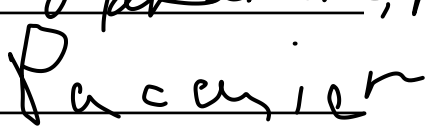
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

 Compliance Manager	 Primary Care Giver	Date 8/17/23	Date 8/17/23
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