

Foster Family Home - Deficiency Report

Provider ID: 1-598419

Home Name: Charrie Carino, CNA

Review ID: 1-598419-15

94-416 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/30/2023

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 8/30/23
Compliance Manager Date
Charrie W. Carino 8/30/23
Primary Care Giver Date