

Foster Family Home - Deficiency Report

Provider ID: 1-180089

Home Name: Maricel Napoles, CNA

Review ID: 1-180089-11

2276 Komo Mai Drive

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 10/26/2023

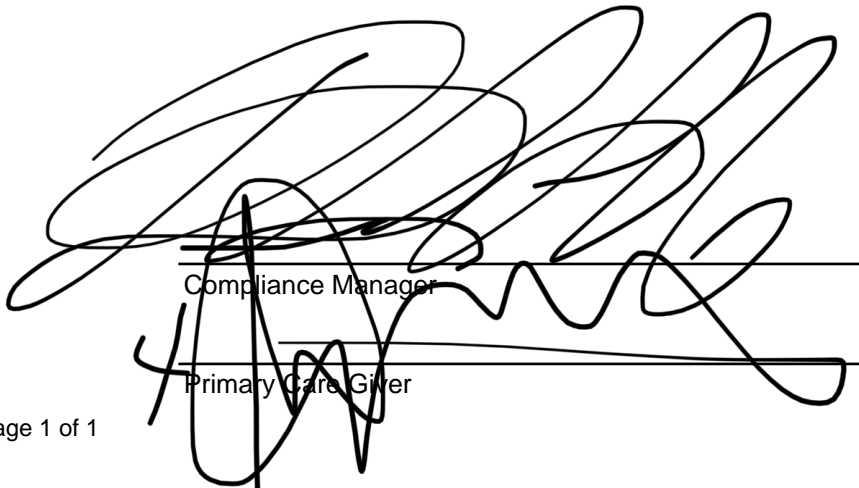
Foster Family Home **Required Certificate** **[11-800-6]**

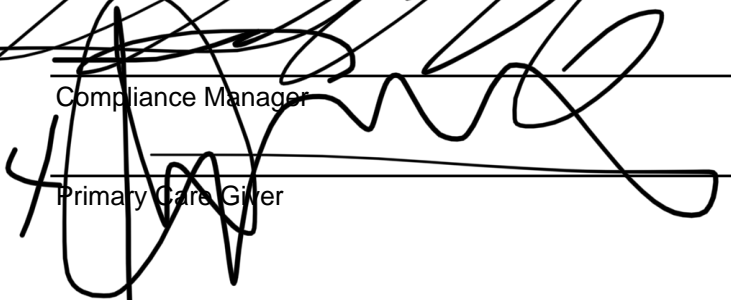
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

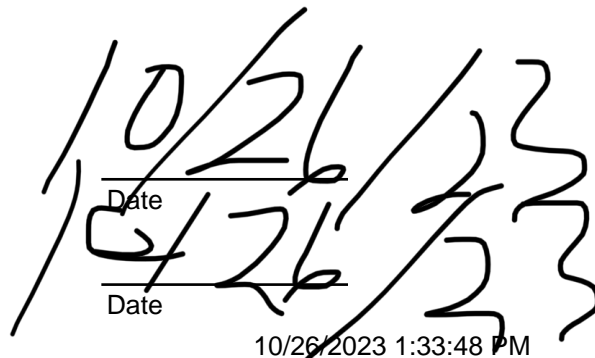
6.d.1- Unannounced visit made for a 3-bed annual inspection.

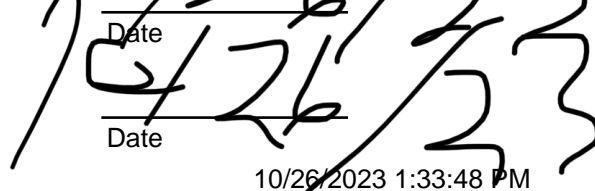
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date
10/26/2023 1:33:48 PM