

# Foster Family Home - Deficiency Report

Provider ID: 1-512807

Home Name: Cynthia Maulit, LPN

Review ID: 1-512807-15

94-771 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/15/2023

**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  
Compliance Manager  
Cynthia Maulit  
Primary Care Giver

9/15/23  
Date  
9/15/23  
Date