

Foster Family Home - Deficiency Report

Provider ID: 1-200058

Home Name: Kimberly Mercado, CNA

Review ID: 1-200058-8

92-653 Malahuna Loop

Reviewer: Po Lim

Kapolei HI 96709

Begin Date: 11/14/2023

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 re-certification inspection.

CCFFH met all requirements at the time of the inspection.



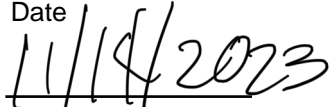
Compliance Manager



Primary Care Giver

11/14/2023

Date



Date

11/14/2023 1:03:31 PM