

Foster Family Home - Deficiency Report

Provider ID: 1-563230

Home Name: Consolacion Lapitan, LPN

Review ID: 1-563230-19

99-189 Puakala Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 11/29/2023

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 11/29/23
Compliance Manager Date

[Signature] 11/29/23
Primary Care Giver Date