

Foster Family Home - Deficiency Report

Provider ID: 1-220012

Home Name: Daiserie Reyes, CNA

Review ID: 1-220012-5

96-239 Waiawa Road Unit B

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 10/5/2023


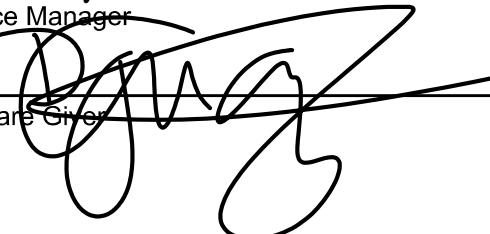
Foster Family Home Required Certificate [11-800-6]



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.


Compliance Manager

Primary Care Giver


Date 10/5/23

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