

Foster Family Home - Deficiency Report

Provider ID: 1-510728

Home Name: Esmeralda Laxamana, CNA

Review ID: 1-510728-14

94-472 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/18/2023

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 10/18/23
Compliance Manager Date

[Signature]
Primary Care Giver

10/18/23
Date