

Foster Family Home - Deficiency Report

Provider ID: 5-130029

Home Name: Imelda Yadao, CNA

Review ID: 5-130029-17

2900 Kanani Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 10/23/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN *10/23/23*

Compliance Manager

Date

Imelda Yadao

Primary Care Giver

Date

10/23/23