

# Foster Family Home - Deficiency Report

Provider ID: 1-633728

Home Name: Lorna Macaburas, CNA

Review ID: 1-633728-13

1459 Hoohaku Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 9/27/2023

**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      9/27/23  
Compliance Manager      Date  
Donna Perdue      9/27/23  
Primary Care Giver      Date