

Foster Family Home - Deficiency Report

Provider ID: 1-510645

Home Name: Priscilla Brunn, RN

Review ID: 1-510645-14

99-243 Aiea Heights Drive

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 11/16/2023

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 11/16/23
Compliance Manager Date

Priscilla Brunn
Primary Care Giver

11/16/23
Date