

Foster Family Home - Deficiency Report

Provider ID: 1-512279

Home Name: Flordelisa Tomas, CNA

Review ID: 1-512279-16

94-1187 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/11/2024

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, RM 1/11/24
Compliance Manager Date

Deborah Segura 1/11/24
Primary Care Giver Date