

Foster Family Home - Deficiency Report

Provider ID: 1-616279

Home Name: Ligaya Bercasio, RN

Review ID: 1-616279-12

94-500 Alpine Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/25/2024

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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

1/25/24

Date
1/25/24

Date