

Foster Family Home - Deficiency Report

Provider ID: 1-210026

Home Name: Rosemelinda Reyes, CNA

Review ID: 1-210026-8

94-943 Lumihoahu Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 1/4/2024

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 1/4/24
Compliance Manager
Date
1/4/24
Primary Care Giver
Date
1/4/24