

Foster Family Home - Deficiency Report

Provider ID: 1-634908

Home Name: Noly Bacerra, CNA

Review ID: 1-634908-14

94-921 Kuakahi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/30/2024

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, RN 1/30/24
Compliance Manager Date
 1/30/24
Primary Care Giver Date