

Foster Family Home - Deficiency Report

Provider ID: 1-511833

Home Name: Corazon Tan, LPN

Review ID: 1-511833-15

94-1169 Heahea Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/12/2024

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

3/12/24

Date

Corazon Tan

Primary Care Giver

3/12/24

Date