

Foster Family Home - Deficiency Report

Provider ID: 1-562901

Home Name: Emylyn Barr, CNA

Review ID: 1-562901-16

181 Hakuone Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 3/20/2024

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 3/20/24
Compliance Manager Date
Emily Barr 3/20/24
Primary Care Giver Date