

# Foster Family Home - Deficiency Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-13

66-992 Oliana Street

Reviewer: Maribel Nakamine

Waialua

HI 96791

Begin Date: 3/11/2024

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.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

Maribel Nakamine, RN 3/11/24

Compliance Manager

Date



3/11/24

Primary Care Giver

Date