

# Foster Family Home - Deficiency Report

Provider ID: 1-515760

Home Name: Victoria Basilio Nishi, CNA

Review ID: 1-515760-14

94-554 Hiaku Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/16/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

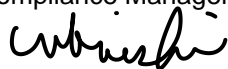
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Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

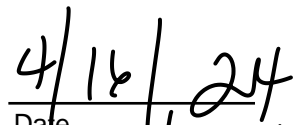
CCFFH met all requirements at the time of inspection.



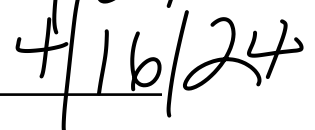
Compliance Manager



Primary Care Giver



Date



Date