

Foster Family Home - Deficiency Report

Provider ID: 1-510059

Home Name: Cherly Silao, CNA

Review ID: 1-510059-16

4107 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 6/11/2024

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 annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

Date

Cherly Silao

Primary Care Giver

Date