

Foster Family Home - Deficiency Report

Provider ID: 1-160063

Home Name: Daisy Jane Madrid, NA

Review ID: 1-160063-14

87-288 St. Johns Road, Apt.
G

Reviewer: Maribel Nakamine

Waianae HI 96792

Begin Date: 5/30/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 5/30/24

Compliance Manager

Daisy Jane Madrid

Primary Care Giver

Date

5/30/24

Date