

# Foster Family Home - Deficiency Report

Provider ID: 1-180063

Home Name: Karen Tulay, CNA

Review ID: 1-180063-14

99-045 Ohiaku Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 5/21/2024

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

Compliance Manager

[Signature]  
Primary Care Giver

5/21/24

Date

5/21/24

Date

5/22/2024 11:14:25 AM