

Foster Family Home - Deficiency Report

Provider ID: 1-150046

Home Name: Lilia Basilio, CNA

Review ID: 1-150046-15

94-116 Haaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/17/2024

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, R 5/17/24
Compliance Manager Date
Lilia Basilio 5/17/24
Primary Care Giver Date