

Foster Family Home - Deficiency Report

Provider ID: 1-512831

Home Name: Zenaida Miller, CNA

Review ID: 1-512831-18

86-3005 Leihua Place

Reviewer: Maribel Nakamine

Waianae HI 96792

Begin Date: 6/3/2024

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
Compliance Manager
Zenaida Miller
Primary Care Giver

6/3/24
Date
6/3/24
Date