

Foster Family Home - Deficiency Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN

Review ID: 1-567141-16

95-253 Hakupokano Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 8/29/2024

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

8/29/24

Date

Angelina Lopez

Primary Care Giver

8/29/24

Date