

Foster Family Home - Deficiency Report

Provider ID: 1-170074

Home Name: Dyan Peroche Clariz, CNA

Review ID: 1-170074-15

94-442 Hamau Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/12/2024

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

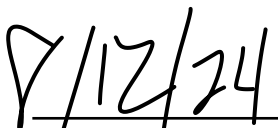
Comment:

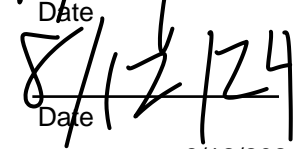
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date