

Foster Family Home - Deficiency Report

Provider ID: 5-510819

Home Name: Elisa Suniga, CNA

Review ID: 5-510819-22

4860-A Nonou Road

Reviewer: Maribel Nakamine

Kapa'a

HI 96746

Begin Date: 8/13/2024

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
Compliance Manager

Elisa Suniga
Primary Care Giver

Rev 8/13/24
Date

8/13/24
Date