

Foster Family Home - Deficiency Report

Provider ID: 5-120063

Home Name: Emily Mariano, CNA

Review ID: 5-120063-18

3250 Unahe Street

Reviewer: Maribel Nakamine

Lihue HI 96766

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 visit made for a 3-bed recertification inspection.

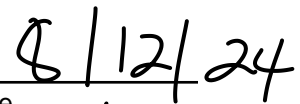
CCFFH met all requirements at the time of inspection.



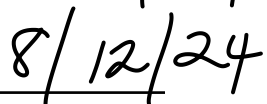
Compliance Manager



Primary Care Giver



Date



Date