

Foster Family Home - Deficiency Report

Provider ID: 5-140026

Home Name: Marites Anacleto, CNA

Review ID: 5-140026-17

3815 Uakea Place

Reviewer: Maribel Nakamine

Lawai HI 96765

Begin Date: 8/14/2024

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 annual inspection.

CCFFH met all requirements at the time of inspection. .

Maribel Nakamine, RN

Compliance Manager

8/14/24

Date

Marites Anacleto

Primary Care Giver

8/14/24

Date