

# Foster Family Home - Deficiency Report

Provider ID: 1-190091

Home Name: Mark Delos Santos, CNA

Review ID: 1-190091-11

94-589 Apii Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/15/2024

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.

Maribel Nakamine, RN 7/15/24  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver  
\_\_\_\_\_  
Date 7/15/24  
\_\_\_\_\_  
Date