

Foster Family Home - Deficiency Report

Provider ID: 2-509870

Home Name: Myrna Caro, RN

Review ID: 2-509870-15

1766 Kaiwiki Road

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 7/10/2024

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

[Signature]
Primary Care Giver

7/10/24

Date

7/10/24
Date