

Foster Family Home - Deficiency Report

Provider ID: 1-100117

Home Name: Teodora Unciano, NA

Review ID: 1-100117-16

94-471 Hiapaiolo Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/21/2024

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, RW 8/21/24

Compliance Manager
Teodora Unciano

Primary Care Giver
Date 8/21/24
Date