

Foster Family Home - Deficiency Report

Provider ID: 1-560682

Home Name: Enrica Asio, CNA

Review ID: 1-560682-20

94-238 Pupukui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/30/2024

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 9/30/24
Compliance Manager Date
Enrica Asio 9/30/24
Primary Care Giver Date