

Foster Family Home - Deficiency Report

Provider ID: 1-511148

Home Name: Florencio Sandi, CNA

Review ID: 1-511148-16

2240 Wilson Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 8/30/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN
Compliance Manager
[Signature]
Primary Care Giver

8/30/24
Date

8/30/24
Date