

Foster Family Home - Deficiency Report

Provider ID: 1-180089

Home Name: Maricel Napoles, CNA

Review ID: 1-180089-13

2276 Komo Mai Drive

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 9/26/2024

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

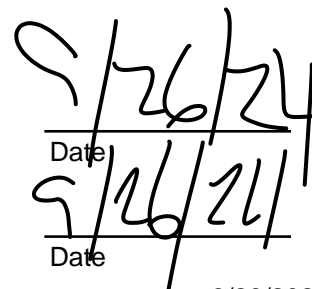
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date

Date