

Foster Family Home - Deficiency Report

Provider ID: 1-120015

Home Name: Mona Nicolas, CNA

Review ID: 1-120015-18

94-174 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/12/2024

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 9/12/24
Compliance Manager Date
Mona Nicolas 9/12/24
Primary Care Giver Date