

# Foster Family Home - Deficiency Report

Provider ID: 5-130029

Home Name: Imelda Yadao, CNA

Review ID: 5-130029-19

2900 Kanani Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 8/15/2024

**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 annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN      8/15/24  
Compliance Manager      Date  
Imelda Yadao      8/15/24  
Primary Care Giver      Date