

Foster Family Home - Deficiency Report

Provider ID: 1-511817

Home Name: Lilia Rafael, CNA

Review ID: 1-511817-18

1744 Kealia Drive

Reviewer: Maribel Nakamine

Honolulu HI 96817

Begin Date: 10/21/2024

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
Compliance Manager
L. Rafael
Primary Care Giver

10/21/24
Date
10/21/24
Date