

# Foster Family Home - Deficiency Report

Provider ID: 1-559130

Home Name: Mercedita Morgia, CNA

Review ID: 1-559130-15

41-519 Inoa Street

Reviewer: Maribel Nakamine

Waimanalo HI 96795

Begin Date: 6/25/2024

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 6/25/24  
Compliance Manager Date  
[Signature] 6/25/24  
Primary Care Giver Date