

Foster Family Home - Deficiency Report

Provider ID: 1-230056

Home Name: Daisy Bueno, RN

Review ID: 1-230056-4

94-579 Apii Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/2/2025

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.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

 Compliance Manager	 Primary Care Giver	<u>5/5/25</u> Date	<u>5/5/25</u> Date
--	---	-----------------------	-----------------------