

Foster Family Home - Deficiency Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-19

124 West Kinai Place

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 7/16/2025

| Foster Family Home | Required Certificate | [11-800-6] |
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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

Imelda Pacris

Primary Care Giver

7/16/25

Date

7/16/25

Date