

Foster Family Home - Deficiency Report

Provider ID: 2-509870

Home Name: Myrna Caro, RN

Review ID: 2-509870-17

1766 Kaiwiki Road

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 10/20/2025

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

10/20/25

Date

10-20-25

Date