

# Foster Family Home - Deficiency Report

Provider ID: 1-000059

Home Name: Madelyn Arellano, CNA

Review ID: 1-000059-12

91-1418 Maliko Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/13/2021

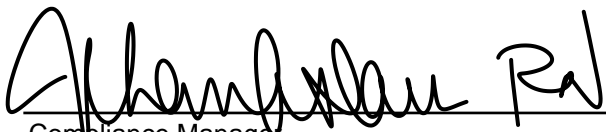
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/13/21  
\_\_\_\_\_  
Date

9/13/21  
\_\_\_\_\_  
Date