

# Foster Family Home - Deficiency Report

Provider ID: 1-110030

Home Name: Alicia Zafaralla, CNA

Review ID: 1-110030-16

1496 Lehia Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 3/24/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

*Maribel Nakamine, Pa* 3/24/22

Compliance Manager

*Alicia Zafaralla*

Primary Care Giver

Date

3/24/22

Date