

Foster Family Home - Deficiency Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-10

634 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 5/5/2022

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 2-bed certification.

Maribel Nakamine, RW 5/5/22

Compliance Manager

Date

Miguel Cruz

5/5/22

Primary Care Giver

Date