

Foster Family Home - Deficiency Report

Provider ID: 1-140063

Home Name: Rosalinda C. Alfaro, CNA

Review ID: 1-140063-11

1268 Glen Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 6/14/2022

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 6/14/22

Compliance Manager

Date

Rosalinda C. Alfaro

6/14/22

Primary Care Giver

Date