

Foster Family Home - Deficiency Report

Provider ID: 1-509614

Home Name: Theresa Elgar, CNA

Review ID: 1-509614-11

1046 Ahe Ahe Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 9/19/2022

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, RN 9/19/22
Compliance Manager Date
Theresa Elgar 9/19/22
Primary Care Giver Date