

# Foster Family Home - Deficiency Report

Provider ID: 1-631524

Home Name: Araceli Navarro, CNA

Review ID: 1-631524-12

1145 Eho Eho Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 10/24/2022

**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 2-bed certification.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date