

Foster Family Home - Deficiency Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-12

634 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 5/1/2023

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 visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, Rev 5/1/23
Compliance Manager Date
Mizylin Cabanatuan 5/1/23
Primary Care Giver Date