Foster Family Home - Deficiency Report

Provider ID: 1-180018

Home Name: Roxanne Aranda, CNA Review ID: 1-180018-9

3415 Aliamanu Street Reviewer: Deborah Baumgart

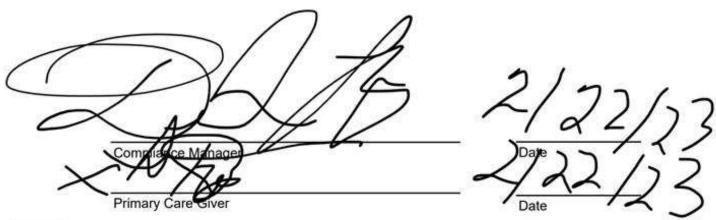
Honolulu HI 96818 Begin Date: 2/22/2023

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 3-bed annual inspection. CCFFH met all requirements at the time of inspection.



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