

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.



Compliance Manager


Primary Care Giver

2/22/23

Date
2/22/23

Date