

# Foster Family Home - Deficiency Report

Provider ID: 1-110057

Home Name: Angelina Madrid, NA

Review ID: 1-110057-14

530 Kani-ahe Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 6/22/2023

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, R 6/22/23  
Compliance Manager Date

A Madrid  
Primary Care Giver

6/22/23  
Date