

Foster Family Home - Deficiency Report

Provider ID: 1-000059

Home Name: Madelyn Arellano, CNA

Review ID: 1-000059-16

91-1418 Maliko Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/10/2023

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

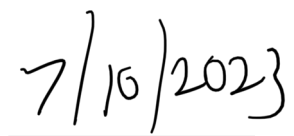
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

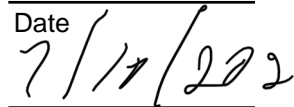
CCFFH met all requirements at the time of the inspection/visit.



Compliance Manager


Primary Care Giver



Date


Date