

Foster Family Home - Deficiency Report

Provider ID: 1-631524

Home Name: Araceli Navarro, CNA

Review ID: 1-631524-14

1145 Eho Eho Avenue

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 9/11/2023


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.



Compliance Manager

Primary Care Giver

9/11/23

Date
9/11/23

Date
9/11/2023 1:20:44 PM