

Foster Family Home - Deficiency Report

Provider ID: 1-636053

Home Name: Roselle Catamping, CNA

Review ID: 1-636053-14

94 -1041 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 9/18/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 9/18/23
Compliance Manager Date
Roselle Catamping 9/18/23
Primary Care Giver Date