

Foster Family Home - Deficiency Report

Provider ID: 1-200007

Home Name: Roshelle Matias, CNA

Review ID: 1-200007-9

608 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 12/7/2023

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, RN 12/7/23
Compliance Manager Date
Ry Matias SCCG 12/7/23
Primary Care Giver Date