

Foster Family Home - Deficiency Report

Provider ID: 1-110030

Home Name: Alicia Zafaralla, CNA

Review ID: 1-110030-21

94-778 Nolupe Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/14/2024

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 3/14/24
Compliance Manager Date
Alicia Zafaralla 3/14/24
Primary Care Giver Date