

# Foster Family Home - Deficiency Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-14

634 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/20/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 3/20/24  
Compliance Manager Date

Elizabeth Cabanatuan 3/20/24  
Primary Care Giver Date