

# Foster Family Home - Deficiency Report

Provider ID: 1-110057

Home Name: Angelina Madrid, NA

Review ID: 1-110057-16

530 Kani-ahe Street

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 6/14/2024

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 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RN*

Compliance Manager

Date

*AM Madrid*

Primary Care Giver

Date