

Foster Family Home - Deficiency Report

Provider ID: 1-614075

Home Name: Evelyn Arroccena, CNA

91-743 Aikanaka Road

Ewa Beach

HI 96706

Review ID: 1-614075-15

Reviewer: Maribel Nakamine

Begin Date: 5/20/2024

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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 5/20/24

Compliance Manager

Date

Giarracina

Primary Care Giver

Date

5/20/24