

# Foster Family Home - Deficiency Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-15

45-182 Keana Road

Reviewer: Maribel Nakamine

Kaneohe

HI 96744

Begin Date: 6/5/2024

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 6/5/24  
Compliance Manager Date  
Jan 6/5/24  
Primary Care Giver Date