

Foster Family Home - Deficiency Report

Provider ID: 5-130034

Home Name: Rose Ann Cabe, CNA

Review ID: 5-130034-15

4131 Hoohana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 5/6/2024

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, RW 5/6/24

Compliance Manager

Date

Primary Care Giver

Date