

Foster Family Home - Deficiency Report

Provider ID: 1-582785

Home Name: Rowena Sales, CNA

Review ID: 1-582785-21

45-413 Ihilani Street

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RC

Compliance Manager

Rowena C. Sales

Primary Care Giver

6/5/24

Date

6/5/24

Date