

Foster Family Home - Deficiency Report

Provider ID: 1-509614

Home Name: Theresa Elgar, CNA

Review ID: 1-509614-15

1046 AheAhe Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 7/3/2024

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 7/3/24
Compliance Manager Date
Theresa Elgar 7/3/24
Primary Care Giver Date