

Foster Family Home - Deficiency Report

Provider ID: 1-631524

Home Name: Araceli Navarro, CNA

Review ID: 1-631524-16

1145 Eho Eho Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 8/29/2024

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, Re
Compliance Manager
[Signature]
Primary Care Giver

8/29/24
Date
8/29/24
Date