

Foster Family Home - Deficiency Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

Review ID: 1-516023-16

44-124 Mikiola Drive

Reviewer: Maribel Nakamine

Kaneohe

HI 96744

Begin Date: 8/8/2024

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 8/8/24
Compliance Manager Date
[Signature] 8/8/24
Primary Case Giver Date