

# Foster Family Home - Deficiency Report

Provider ID: 1-000059

Home Name: Madelyn Arellano, CNA

Review ID: 1-000059-18

91-1418 Maliko Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/30/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

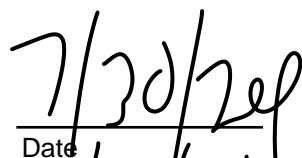
6.(d)(1)      Comply with all applicable requirements in this chapter; and


Comment:

6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date