

Foster Family Home - Deficiency Report

Provider ID: 1-140063

Home Name: Rosalinda C. Alfaro, CNA

Review ID: 1-140063-17

1122 A Aheahe Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date:

6/26/2024

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, RN 6/26/24
Compliance Manager Date
Rosalinda C. Alfaro 6/26/24
Primary Care Giver Date