

Foster Family Home - Deficiency Report

Provider ID: 1-240032

Home Name: Marie Ann Aranda, CNA

Review ID: 1-240032-1

3410 Aliamanu Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 5/16/2024

Foster Family Home


Required Certificate

[11-800-6]

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

Comment:

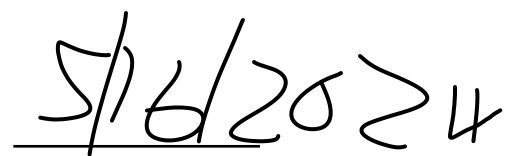
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



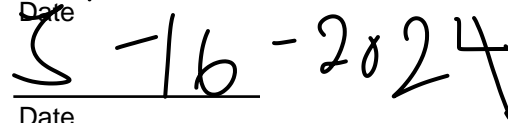
Compliance Manager



Primary Care Giver



Date



Date