

Foster Family Home - Deficiency Report

Provider ID: 1-614075

Home Name: Evelyn Arroccena, CNA

Review ID: 1-614075-17

91-743 Aikanaka Road

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 6/24/2025

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 annual inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver


Date


Date