

Foster Family Home - Deficiency Report

Provider ID: 1-510562

Home Name: Adeline Caraang, CNA

Review ID: 1-510562-17

91-976 Fort Weaver Road

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 8/6/2025

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 8/6/25
Compliance Manager Date
Adeline Caraang 8/6/25
Primary Care Giver Date