

# Foster Family Home - Deficiency Report

Provider ID: 1-631524

Home Name: Araceli Navarro, CNA

Review ID: 1-631524-18

1145 Eho Eho Avenue

Reviewer: Laurie Vosler

Wahiawa HI 96786

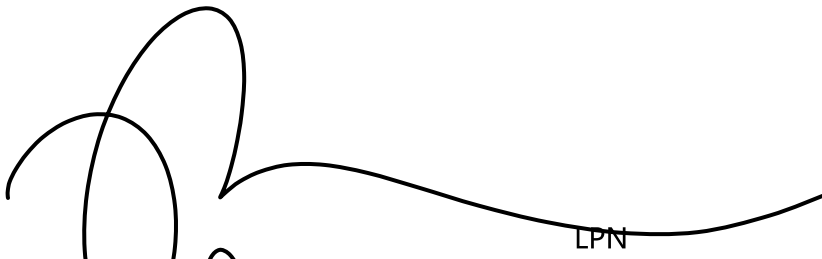
Begin Date: 10/31/2025

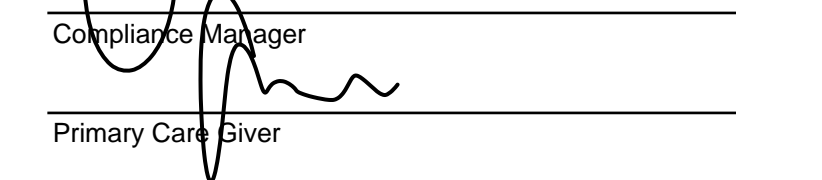
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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

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

10/31/2025  
\_\_\_\_\_  
Date

10/31/2025  
\_\_\_\_\_  
Date