

# Foster Family Home - Deficiency Report

Provider ID: 1-000006

Home Name: Erick Crisostomo, CNA

Review ID: 1-000006-10

94-1129 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/13/2021

**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:

Unannounced recertification inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

*Maribel Nakamine, RN*      *8/13/2021*

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

\_\_\_\_\_  
Date

*Erick Crisostomo*

*8/13/2021*

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

\_\_\_\_\_  
Date