

# Foster Family Home - Deficiency Report

Provider ID: 1-510934

Home Name: Maria Editha R. Castillo, CNA

Review ID: 1-510934-10

94-264 Hanawai Circle

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/13/2021

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN 12/13/2021  
Compliance Manager  
Maribel Nakamine  
Primary Care Giver

Date  
12/13/2021  
Date