

# Foster Family Home - Deficiency Report

Provider ID: 1-190015

Home Name: Estrella Wolfe, RN

Review ID: 1-190015-6

95-306 Auhaele Place

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 3/16/2022

**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 2-bed certification.

*Maribel Nakamine, RN*      *3/16/22*

Compliance Manager

Date

*Estrella B. Wolfe*

*3/16/22*

Date