

Foster Family Home - Deficiency Report

Provider ID: 1-090093

Home Name: Cristina M. Wilson, CNA

Review ID: 1-090093-13

470 Iliwai Drive

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 6/27/2022

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 3-bed certification.

Maribel Nakamine, PA

Compliance Manager

[Signature]

Primary Care Giver

6/27/22

Date

6/27/22

Date