

# Foster Family Home - Deficiency Report

Provider ID: 5-577380

Home Name: Cristina Dullaga, CNA

Review ID: 5-577380-17

1657 Malakia Street

Reviewer: Maribel Nakamine

Kapaa HI 96746

Begin Date: 9/13/2022

**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*      *9/13/22*

Compliance Manager

Date

*Cristina Dullaga*      *9/13/22*

Primary Care Giver

Date