

# Foster Family Home - Deficiency Report

Provider ID: 5-150053

Home Name: Kristine Soliva, NA

Review ID: 5-150053-10

3269 Palai Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/20/2022

**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:

6.d.1- Unannounced recertification inspection conducted.

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

*Maribel Nakamine, RW*      7/20/22

Compliance Manager

Date

*[Signature]*

7/20/22

Primary Care Giver

Date