

Foster Family Home - Deficiency Report

Provider ID: 1-090093

Home Name: Cristina M. Wilson, CNA

Review ID: 1-090093-15

470 Iliwai Drive

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 6/22/2023

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 visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, Ed 6/22/23

Compliance Manager

Date

[Signature]

6/20/23

Primary Care Giver

Date