

Foster Family Home - Deficiency Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-17

94-081 Awamoku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/30/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN
Compliance Manager

Date

8/30/23

OR

Primary Care Giver

Date

8/30/23