

Foster Family Home - Deficiency Report

Provider ID: 1-190015

Home Name: Estrella Wolfe, RN

Review ID: 1-190015-10

95-306 Auhaele Place

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 3/1/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 3/1/24
Compliance Manager Date
Estrella B. Wolfe 3/1/24
Primary Care Giver Date