

Foster Family Home - Deficiency Report

Provider ID: 1-150070

Home Name: Christine Villanueva, CNA

Review ID: 1-150070-16

95-307 Auhaele Place

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 6/7/2024

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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 6/7/24

Compliance Manager Date
[Signature] 6/7/24

Primary Care Giver Date