

Foster Family Home - Deficiency Report

Provider ID: 1-562042

Home Name: Wilma Cauton, CNA

Review ID: 1-562042-15

94-295 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/29/2024

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 annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 5/29/24

Compliance Manager

Date

Wilma F. Cauton

Primary Care Giver

Date

5/29/24