

# Foster Family Home - Deficiency Report

Provider ID: 1-150064

Home Name: Wilna Madayag, CNA

Review ID: 1-150064-15

94-110 Kaupu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/13/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

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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

WAP Madayag

Primary Care Giver

6/13/2024

Date

6/13/2024

Date