

Foster Family Home - Deficiency Report

Provider ID: 1-000006

Home Name: Erick Crisostomo, CNA

Review ID: 1-000006-16

94-1129 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/5/2024

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 7/5/24
Compliance Manager Date

Subj SGG 7/5/24
Primary Care Giver Date