

Foster Family Home - Deficiency Report

Provider ID: 1-190074

Home Name: Maricel L. Cristobal, CNA

Review ID: 1-190074-12

1736 Kino Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 8/7/2024

Foster Family Home

Required Certificate

[11-800-6]

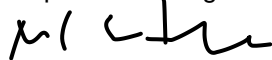
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

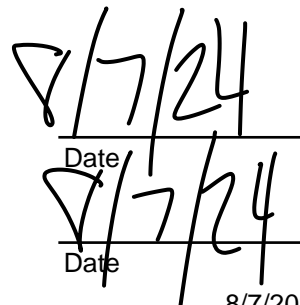
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



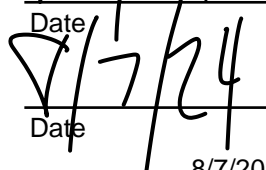
Compliance Manager



Primary Care Giver



Date



Date

8/7/2024 11:08:53 AM