

# Foster Family Home - Deficiency Report

Provider ID: 1-568032

Home Name: Wilson Verdadero, CNA

Review ID: 1-568032-17

576 Ulumalu Street

Reviewer: Po Lim

Kailua HI 96734

Begin Date: 8/2/2024



**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 annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date