

Foster Family Home - Deficiency Report

Provider ID: 1-090093

Home Name: Cristina M. Wilson, CNA

Review ID: 1-090093-17

470 Iliwai Drive

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 6/26/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 6/26/24
Compliance Manager Date
Wilson 6/26/24
Primary Care Giver Date