

Foster Family Home - Deficiency Report

Provider ID: 1-150070

Home Name: Christine Villanueva, CNA

Review ID: 1-150070-18

95-307 Auhaele Place

Reviewer: Deborah Baumgart

Mililani

HI

96789

Begin Date: 7/31/2025

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 annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

7/31/25
Date
7/31/25
Date