

# Foster Family Home - Deficiency Report

Provider ID: 1-568032

Home Name: Wilson Verdadero, CNA

Review ID: 1-568032-19

576 Ulumalu Street

Reviewer: Po Lim

Kailua

HI 96734

Begin Date: 8/26/2025

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

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

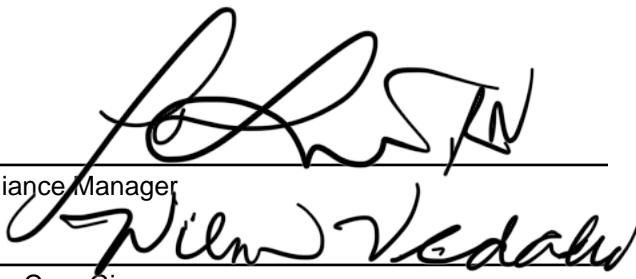
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver



\_\_\_\_\_  
Date

\_\_\_\_\_  
Date