

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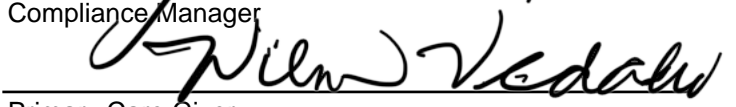
6.(d)(1) Comply with all applicable requirements in this chapter; and

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