

# Foster Family Home - Deficiency Report

Provider ID: 1-190015

Home Name: Estrella Wolfe, RN

Review ID: 1-190015-14

95-306 Auhaele Place

Reviewer: David Ayling

Mililani HI 96789

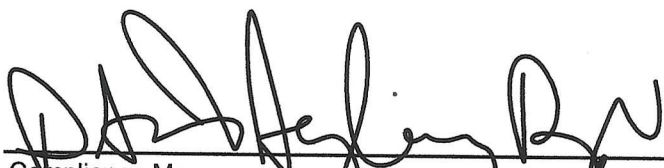
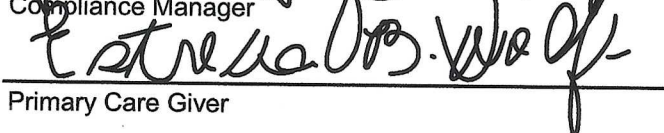
Begin Date: 2/17/2026



**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 Home inspection for a 2 person CCFFH recertification. PCG currently has no clients. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

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

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