

Foster Family Home - Deficiency Report

Provider ID: 1-190074

Home Name: Maricel L. Cristobal, CNA

Review ID: 1-190074-14

1736 Kino Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 9/15/2025

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.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/15/2025)

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)-CG#1 APS/CAN lapsed 9/28/2024 and was done 4/24/2025



Compliance Manager



Primary Care Giver

9/15/25

Date

9/15/25

Date