

Foster Family Home - Deficiency Report

Provider ID: 1-180076

Home Name: Margie Malvar, NA

Review ID: 1-180076-15

94-334 Kahuahele Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/30/2025

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 6/30/25
Compliance Manager
Date
6/30/25
Primary Care Giver
Date
6/30/25