

# Foster Family Home - Deficiency Report

Provider ID: 1-250046

Home Name: Mary Grace Javier, CNA

Review ID: 1-250046-1

94-1257 Kahuaiana Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 7/22/2025

Foster Family Home

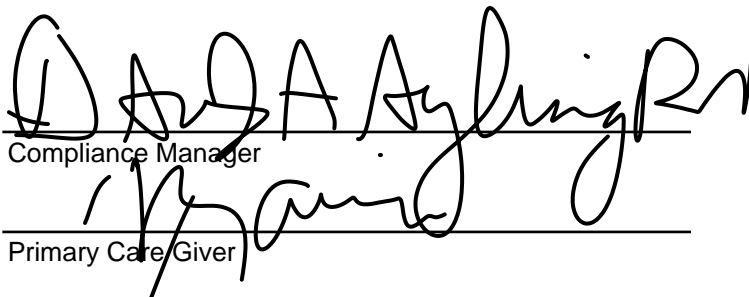
Required Certificate


[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager

  
Primary Care Giver

7/22/2025  
Date

7.22.25  
Date