

Foster Family Home - Deficiency Report

Provider ID: 1-180075

Home Name: Myla Leano Foronda, CNA

Review ID: 1-180075-15

94-1066 Halelehua Street

Reviewer: Maribel Nakamine

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- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 7/22/25
Compliance Manager
M. Leano 7/22/25
Primary Care Giver
Date