

Foster Family Home - Deficiency Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-21

94-081 Awamoku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/12/2025

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.


Compliance Manager


Primary Care Giver

Date 8/12/25

Date 8/12/25