

# Foster Family Home - Deficiency Report

Provider ID: 1-630279

**Home Name:** David Yamane, CNA

Review ID: 1-630279-18

1103 Kahauiki Place

Reviewer: Deborah Baumgart

## Honolulu

Begin Date: 8/19/2025

## **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.

CCFFH met all requirements at the time of the inspection.

## Compliance Manager

## Primary Care Giver

8/19/25  
Date  
8/19/25  
Date