

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

HI

96819

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:

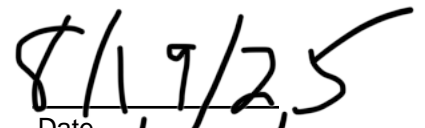
6.d.1- Unannounced visit made for a 3-bed annual inspection.

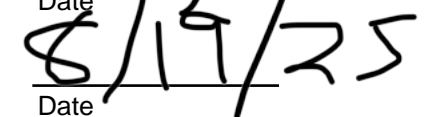
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date