

Foster Family Home - Deficiency Report

Provider ID: 1-210075

Home Name: Dexter Pacariem, NA

Review ID: 1-210075-9

94-314 Hilihua Way

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/13/2025

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 8/13/25
Compliance Manager Date
Dexter Pacariem 8/13/25
Primary Care Giver Date