

Foster Family Home - Deficiency Report

Provider ID: 1-090070

Home Name: Gina Mauricio, CNA

Review ID: 1-090070-21

94-450 Kiau Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/7/2025

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 8/7/25
Compliance Manager Date 8/7/25
Primary Care Giver Date