

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]
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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

Compliance Manager

Primary Care Giver

Date

Date

8/7/25

8/7/25