

Foster Family Home - Deficiency Report

Provider ID: 1-210076

Home Name: Jovelyn Cabradilla, CNA

Review ID: 1-210076-9

94-233 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/12/2025

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.

PCG requests to increase from a 2-client to a 3-client CCFFH.

Maikel Nakamine
Compliance Manager
Maikel Nakamine
Primary Care Giver

Re 8 | 12/25
Date 8 | 12 | 25
Date