

Foster Family Home - Deficiency Report

Provider ID: 1-559346

Home Name: **Marina Gamatero, CNA**
94-095 Hulahe Street
Waipahu HI 96797

Review ID: 1-559346-19
Reviewer: Maribel Nakai
Begin Date: 8/14/2025

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
Compliance Manager
Mayumi Terui
Primary Care Giver

22 8/4/25
Date 8/14/25
Date