

Foster Family Home - Deficiency Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

Review ID: 1-559346-19

94-095 Hulahe Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

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, RN 8/14/25
Compliance Manager
M. Gamatero 8/14/25
Primary Care Giver