

Foster Family Home - Deficiency Report

Provider ID: 1-190012

Home Name: Cecille Murao, CNA

Review ID: 1-190012-15

94-1035 Hapapa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/7/2025


Foster Family Home **Required Certificate** **[11-800-6]**


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

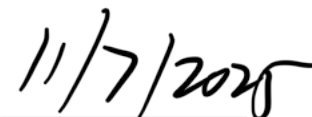
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

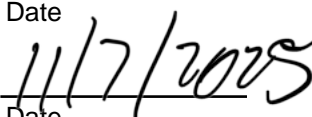
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date