

# Foster Family Home - Deficiency Report

Provider ID: 1-210050

Home Name: Cherica Magbaleta Alega,  
CNA

Review ID: 1-210050-11

91-1017 Ahona Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 2/24/2026

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

2/24/26  
\_\_\_\_\_  
Date  
2/24/26  
\_\_\_\_\_  
Date