

Foster Family Home - Deficiency Report

Provider ID: 1-250069

Home Name: Christian May Simon, RN

Review ID: 1-250069-1

1447 Uila Street

Reviewer: Laurie Vosler

Honolulu

HI 96818

Begin Date: 3/3/2026

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

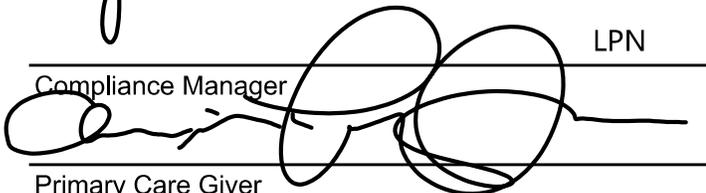


Compliance Manager

LPN

03/03/2026

Date



Primary Care Giver

03/03/2026

Date