

Foster Family Home - Deficiency Report

Provider ID: 1-220023

Home Name: Denisse Ann Ponce, CNA

Review ID: 1-220023-9

99-123 Ohiakea Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 1/7/2026

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

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

Comment:

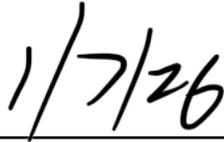
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

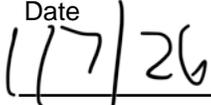
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date