

Foster Family Home - Deficiency Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-18

99-150 Holo Place

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 2/12/2026

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

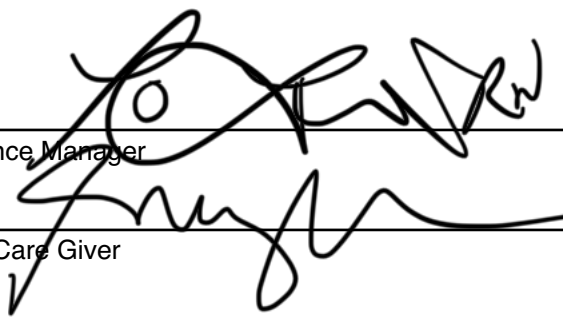
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager



Date

2/12/2026

Primary Care Giver

Date

2/12/2026