

# Foster Family Home - Deficiency Report

Provider ID: 1-620557

Home Name: Jessie Silao, CNA

Review ID: 1-620557-18

4107 Likini Street

Reviewer: Po Lim

Honolulu HI 96818

Begin Date: 1/16/2026

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

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

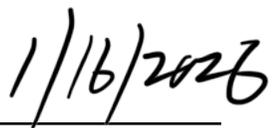
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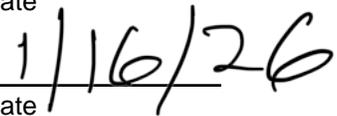
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date