

Foster Family Home - Deficiency Report

Provider ID: 1-563777

Home Name: Josefina Ownbey, CNA

Review ID: 1-563777-20

91-804 Kauwili Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 1/23/2026

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 recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.



Compliance Manager



Primary Care Giver

1/23/26

Date

1/23/26

Date