

# Foster Family Home - Deficiency Report

Provider ID: 1-100086

Home Name: Josephine Jacinto, CNA

Review ID: 1-100086-19

94-479 Hiapaiolo Loop

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/4/2026

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

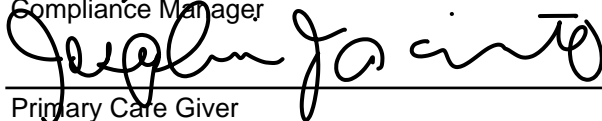
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

3/4/26  
Date  
3/4/26  
Date