

# Foster Family Home - Deficiency Report

Provider ID: 1-200074

Home Name: Karen Joy Gamiao, CNA

Review ID: 1-200074-12

94-1190 Kahuanui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797


Begin Date: 2/23/2026

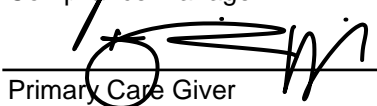
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

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

  
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Compliance Manager

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

2/23/26  
Date

2/23/26  
Date