

Foster Family Home - Deficiency Report

Provider ID: 1-190076

Home Name: Karren E. Caparas, CNA

Review ID: 1-190076-6

94-240 Kiaha Loop

Reviewer: David Ayling

Mililani HI 96789

Begin Date: 1/28/2026

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

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

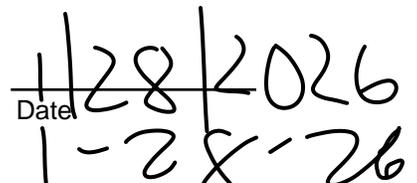
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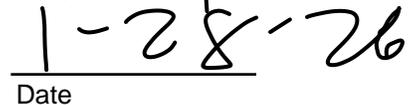
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager

Primary Care Giver



Date


Date