

Foster Family Home - Deficiency Report

Provider ID: 1-240093

Home Name: Kim Justine Baengan, CNA

Review ID: 1-240093-3

76 Laimi Road

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 9/25/2025

Foster Family Home

Required Certificate

[11-800-6]

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

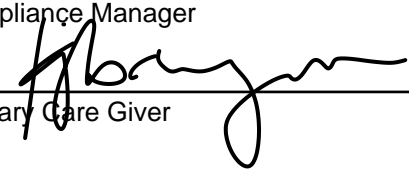
Comment:

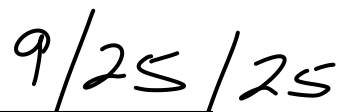
6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

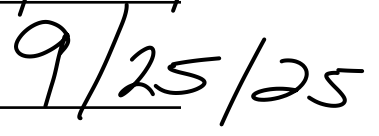


Compliance Manager


Primary Care Giver



Date



Date