

Foster Family Home - Deficiency Report

Provider ID: 1-250023

Home Name: Leonora Gamboa, CNA

Review ID: 1-250023-3

94-242 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/13/2026


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

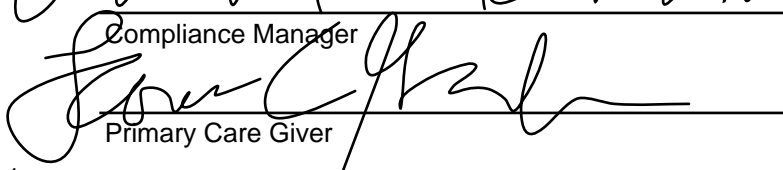
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

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


Compliance Manager 2/13/26
Date


Primary Care Giver 2/13/26
Date