

# Foster Family Home - Deficiency Report

Provider ID: 1-570219

Home Name: Mabelle Callorina, CNA

Review ID: 1-570219-18

94-708 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/14/2026

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

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

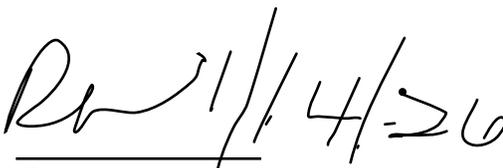
Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

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

  
\_\_\_\_\_  
Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date