

Foster Family Home - Deficiency Report

Provider ID: 1-230035

Home Name: Maria Cristina R. Fiesta, CNA

Review ID: 1-230035-8

94-415 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/3/2026

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 inspection made for a 3-bed recertification.

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


Compliance Manager


Primary Care Giver

 3/3/26
Date


Date