

Foster Family Home - Deficiency Report

Provider ID: 1-200071

Home Name: Maria Nimfa Agbayani, CNA

Review ID: 1-200071-13

94-547 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

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 3-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

9/25/25

Date *9/25/25*

Date