

Foster Family Home - Deficiency Report

Provider ID: 1-561804

Home Name: Marie Angelie Valencia, RN

Review ID: 1-561804-17

94-1128 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/29/2025

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine

Compliance Manager
SCG

Primary Care Giver
10/29/25

Date
10/29/25

Date