Foster Family Home - Deficiency Report

Provider ID:	**1-250031**		
Home Name:	**Marisa Felina, CNA**	**Review ID:**	**1-250031-3**
94-900 Kumuao Street		Reviewer:	Maribel Nakamine
Waipahu HI 96797		Begin Date:	1/15/2026

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.

Maribel Nakamine 1/15/26

Compliance Manager Date

1/15/26

Primary Care Giver Date