

Foster Family Home - Deficiency Report

Provider ID: 1-180015

Home Name: Marissa T. Fernando, CNA

Review ID: 1-180015-17

94-1011 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/9/2026

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

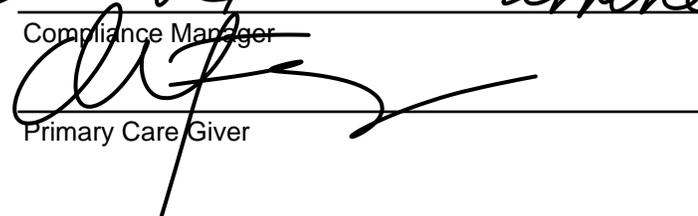
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

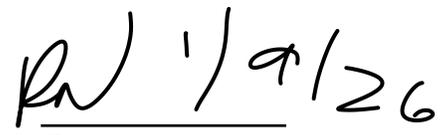
6.d.1- Unannounced visit made for a 3-bed recertification inspection.

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



Compliance Manager


Primary Care Giver



Date 1/9/26

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