

Foster Family Home - Deficiency Report

Provider ID: 2-510760

Home Name: Mercedita Tiangsing, CNA

Review ID: 2-510760-19

15-1385 29 Poni Moi Street

Reviewer: Maribel Nakamine

Keaau

HI 96749

Begin Date: 8/25/2025

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 8/25/25
Compliance Manager Date
Mercedita Tiangsing 8/25/25
Primary Care Giver Date