

Foster Family Home - Deficiency Report

Provider ID: 1-110012

Home Name: Violeta Fiesta, CNA

Review ID: 1-110012-25

91-946 Mailani Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

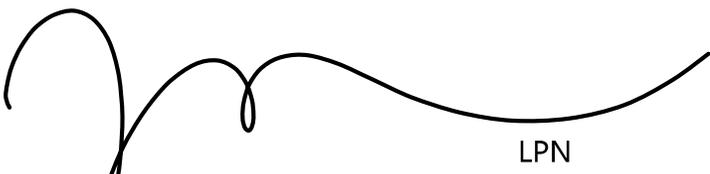
Begin Date: 12/30/2025

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

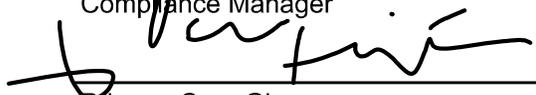
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN
Compliance Manager



Primary Care Giver

12/30/2025

Date

12/30/2025

Date