

Foster Family Home - Deficiency Report

Provider ID: 1-617558

Home Name: Zenaida Tierra, CNA

Review ID: 1-617558-17

1051 B Kopke Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 9/23/2025

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 9/23/25
Compliance Manager
Zenaida
Primary Care Giver

Date 9/23/25
Date