

# Foster Family Home - Deficiency Report

Provider ID: 1-260020

Home Name: May Ann Dacuycuy, NA

Review ID: 1-260020-1

94-470 Opeha Street

Reviewer: Nicole Landes

Waipahu HI 96797

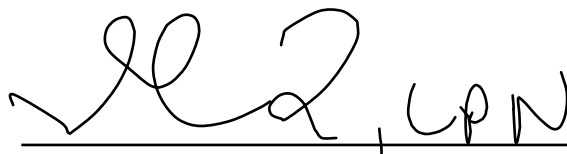
Begin Date: 4/7/2026

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

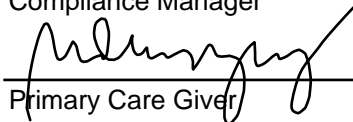
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

4/14/26

Date

4/14/26

Date