

Foster Family Home - Deficiency Report

Provider ID: 4-130002

Home Name: Abigail Navalta, RN

Review ID: 4-130002-20

415 Waiehu Beach Road

Reviewer: David Ayling

Wailuku HI 96793


Begin Date: 11/13/2025

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

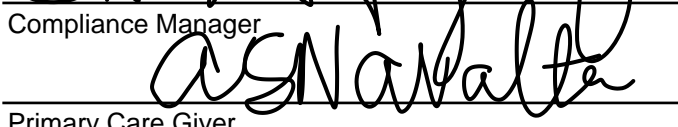
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. CCFFH currently has no clients. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager

11/13/2025
Date


Primary Care Giver

11/13/2025
Date