

Foster Family Home - Deficiency Report

Provider ID: 1-250072

Home Name: Ameline Narciso, CNA

Review ID: 1-250072-1

98-1963 Wilou Street

Reviewer: David Ayling

Aiea HI 96701

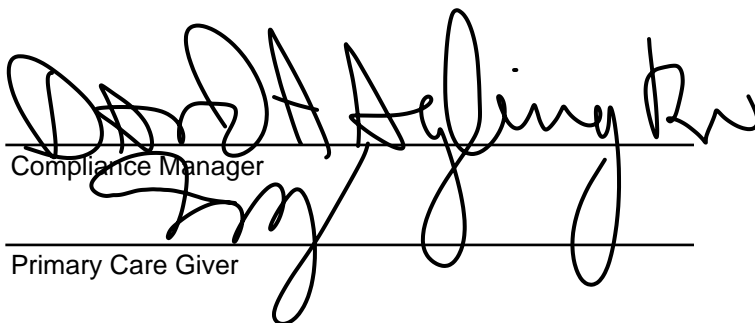
Begin Date: 10/8/2025

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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

10/8/2025

Date

10/8/2025

Date