

Foster Family Home - Deficiency Report

Provider ID: 1-510661

Home Name: Cecilia Mariano, LPN

Review ID: 1-510661-18

94-543 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/23/2025


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 re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver

10/23/2025

Date

10/23/25

Date