

# Foster Family Home - Deficiency Report

Provider ID: 1-512807

Home Name: Cynthia Maulit, LPN

Review ID: 1-512807-19

94-771 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/13/2025

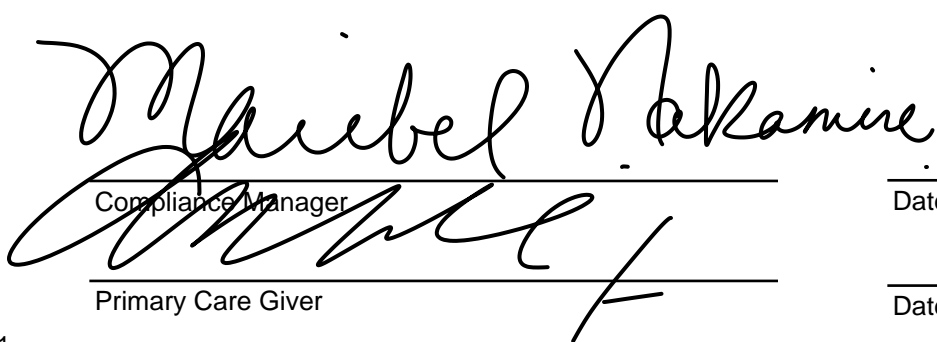
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

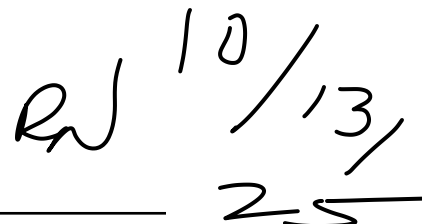
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Comment:

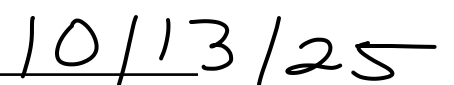
6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

 RN 10/13/25  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date