

Foster Family Home - Deficiency Report

Provider ID: 1-210012

Home Name: Daisy Coloma, CNA

Review ID: 1-210012-12

94-1332 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/5/2025

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 recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.

Maribel Nakamine *12/5/25*

Compliance Manager

[Signature]

Date

12/5/25

Primary Care Giver

Date