

# Foster Family Home - Deficiency Report

Provider ID: 1-560187

Home Name: Dolores Guiao, CNA

Review ID: 1-560187-17

91-1050 Kaimalie Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 3/24/2026


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

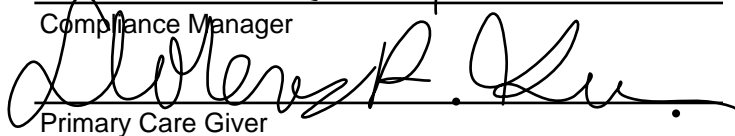
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced inspection made for a 3-bed recertification.

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

  
Compliance Manager      3/24/26  
Date

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