

Foster Family Home - Deficiency Report

Provider ID: 1-250107

Home Name: Douglas Kaina Simmons, NA

Review ID: 1-250107-1

86-365 Kawili Street Unit A

Reviewer: Laurie Vosler

Waianae

HI 96792

Begin Date: 1/30/2026

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

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

Comment:

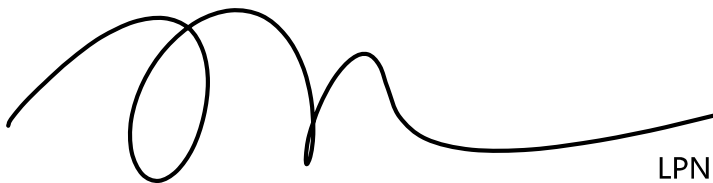
6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.



LPN

Compliance Manager

01/30/2026

Date



Primary Care Giver

01/30/2026

Date