

Foster Family Home - Deficiency Report

Provider ID: 1-513079

Home Name: Glenda Felix, CNA

Review ID: 1-513079-18

94-1247 Kahuaina Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/11/2026

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

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

Comment:

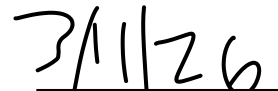
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date