

Foster Family Home - Deficiency Report

Provider ID: 1-210043

Home Name: Grace E. Basilio, NA

Review ID: 1-210043-11

94-506 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/6/2026


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 2-bed recertification.


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




Compliance Manager



Primary Care Giver



Date



Date