

# Foster Family Home - Deficiency Report

Provider ID: 1-210044

Home Name: Grace Juan, CNA

Review ID: 1-210044-11

91-885 Ma Ke Kula Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 3/9/2026

**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.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

*Maribel Nakamine* 3/9/26

Compliance Manager

*[Signature]*  
Primary Care Giver

Date

Date

3/9/26