

# Foster Family Home - Deficiency Report

Provider ID: 1-589343

Home Name: Jane Cutaran, CNA

Review ID: 1-589343-17

94-344 Lehopulu Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 12/4/2025

**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 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

12/4/25  
Date  
12/4/25  
Date