

Foster Family Home - Deficiency Report

Provider ID: 1-569676

Home Name: Jedeliah Felix, CNA

Review ID: 1-569676-18

2730 Kalihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/9/2025

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine RN 10/19/25

Compliance Manager

Primary Care Giver

Date

10-19-25

Date