

Foster Family Home - Deficiency Report

Provider ID: 1-180094

Home Name: Joy Calma, CNA

Review ID: 1-180094-15

94-734 Kaiao Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/1/2025

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. No corrective action required.

Maribel Nakamine RW 12/1/25
Compliance Manager
Date
Primary Care Giver SCB 12/1/25
Date