

# Foster Family Home - Deficiency Report

Provider ID: 1-250095

Home Name: Leah Estel Remigio, RN

Review ID: 1-250095-1

94-1403 Hiali Place

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 12/18/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

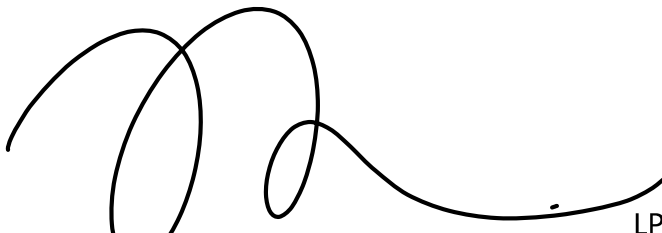
6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

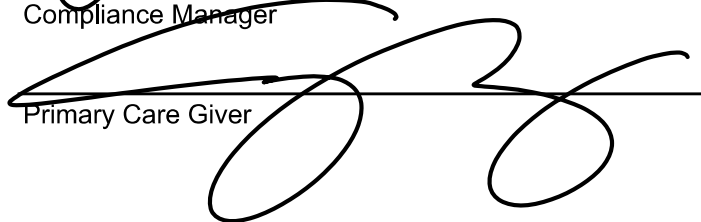
## Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.

  
\_\_\_\_\_  
LPN  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

12/18/2025  
\_\_\_\_\_  
Date

12/18/2025  
\_\_\_\_\_  
Date