

Foster Family Home - Deficiency Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-21

94-607 Kipou Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/10/2026

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.

Maribel Nakamine 3/10/26

Compliance Manager

[Signature]

Primary Care Giver

Date

3/10/26

Date