

Foster Family Home - Deficiency Report

Provider ID: 1-210089

Home Name: Maria Charisse A. Bisquera,
NA

Review ID: 1-210089-9

94-571 B Ana-Aina Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/7/2025

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 2 bed re-certification inspection.

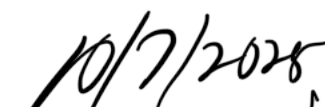
CCFFH met all requirements at the time of the inspection.



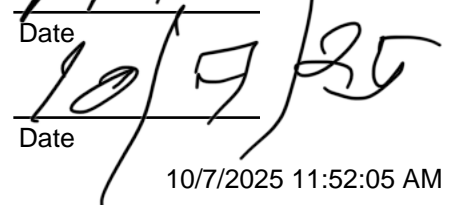
Compliance Manager



Primary Care Giver



Date



Date