

Foster Family Home - Deficiency Report

Provider ID: 1-521791

Home Name: Maricar Francisco, CNA

Review ID: 1-521791-17

94-728 Kumau Place

Reviewer: Laurie Vosler

Waipahu HI 96797

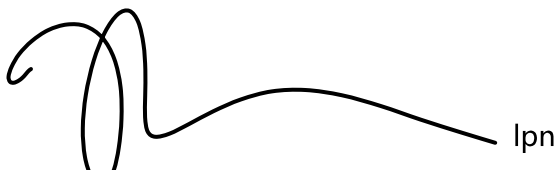
Begin Date: 10/23/2025

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 annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

 ipn

Compliance Manager



Primary Care Giver

10/23/2025
Date

10/23/2025
Date