

# Foster Family Home - Deficiency Report

Provider ID: 1-110004

Home Name: Maricel Estorquia, CNA

Review ID: 1-110004-16

94-1241 Henokea Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/17/2025

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

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

Comment:

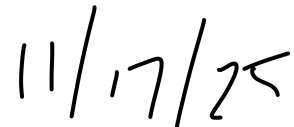
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



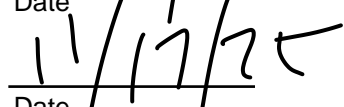
Compliance Manager



Primary Care Giver



Date



Date