

# Foster Family Home - Deficiency Report

Provider ID: 1-180089

Home Name: Maricel Napoles, CNA

Review ID: 1-180089-15

2276 Komo Mai Drive

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 10/24/2025


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


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

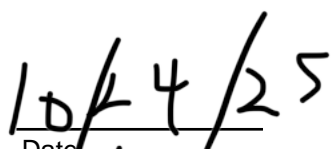
Comment:

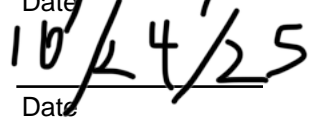
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date