

Foster Family Home - Deficiency Report

Provider ID: 1-510893

Home Name: Mariquit Delong, CNA

Review ID: 1-510893-18

94-402 Opeha Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/23/2026

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

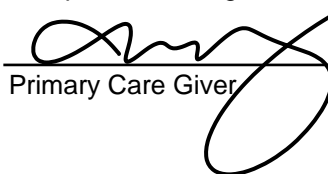
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced 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

3/23/26
Date
3/23/26
Date