

Foster Family Home - Deficiency Report

Provider ID: 1-636623

Home Name: Marlina Fernando, CNA

Review ID: 1-636623-19

91-1531 Kaikoi Place

Reviewer: Laurie Vosler

Ewa Beach HI 96706

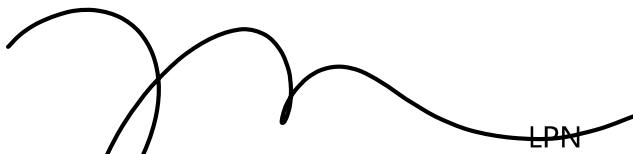
Begin Date: 3/26/2026

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


LPN

Compliance Manager

03/26/2026

Date

Primary Care Giver

03/26/2026

Date