

Foster Family Home - Deficiency Report

Provider ID: 1-586703

Home Name: Mary Jane Mades, CNA

Review ID: 1-586703-16

1034 Matzie Lane

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 10/8/2025

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine

Compliance Manager

Mary Jane Mades

Primary Care Giver

RA 10/8/25

Date

10/8/25

Date