

Foster Family Home - Deficiency Report

Provider ID: 1-260015

Home Name: Mharvine Fernandez, NA

Review ID: 1-260015-1

91-659 Kilaha Street

Reviewer: Laurie Vosler

Ewa Beach

HI 96706

Begin Date: 3/19/2026

Foster Family Home

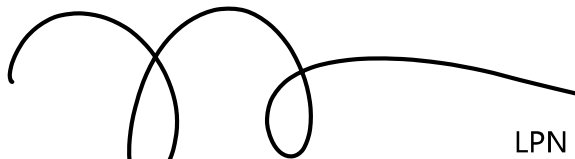
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN

Compliance Manager

03/19/2026

Date



03/19/2026

Primary Care Giver

Date