

# Foster Family Home - Deficiency Report

Provider ID: 1-120015

Home Name: Mona Nicolas, CNA

Review ID: 1-120015-20

94-174 Kupuna Loop

Reviewer: Laurie Vosler

Waipahu HI 96797

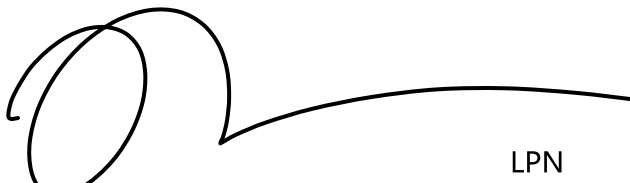
Begin Date: 10/24/2025

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

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

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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.

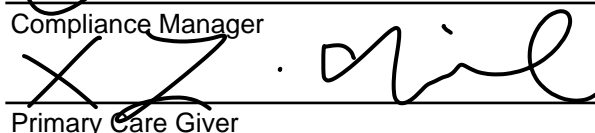


LPN

Compliance Manager

10/24/2025

Date



Primary Care Giver

10/24/2025

Date