

Foster Family Home - Deficiency Report

Provider ID: 1-130035

Home Name: Ricky Mericle, CNA

Review ID: 1-130035-21

91-802 Haiamu Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 3/9/2026

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 inspection made for a 3-bed recertification.

CCFFH met all requirements at the time of inspection. No corrective action required.


Compliance Manager Date 3/9/26


Primary Care Giver Date 3/9/26