

Foster Family Home - Deficiency Report

Provider ID: 1-512104

Home Name: Virginia Suniga, CNA

Review ID: 1-512104-17

91-1052 Kahiuka Street

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 4/8/2026

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.

Maribel Nakamine
Compliance Manager
Date 4/8/26

Virginia Suniga
Primary Care Giver
Date 4/8/26