

# Foster Family Home - Deficiency Report

Provider ID: 1-180061

Home Name: Yvette Dimaya, CNA

Review ID: 1-180061-15

91-1010 Niolo Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 10/17/2025

Foster Family Home


Required Certificate


[11-800-6]

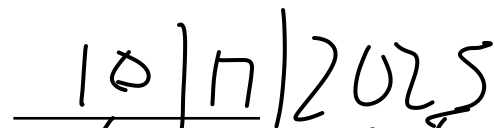
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. PCG currently has no clients. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date