

Foster Family Home - Deficiency Report

Provider ID: 1-210014

Home Name: Zenaida Bagamasbad, NA

Review ID: 1-210014-13

94-599 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/18/2025

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

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

Maribel Nakamine *11/18/25*

Compliance Manager Date

Zenaida Bagamasbad *11/18/25*

Primary Care Giver Date