

Foster Family Home - Deficiency Report

Provider ID: 1-190059

Home Name: Anna Joyce Quiambao, CNA

Review ID: 1-190059-15

86-047 Analipo Street

Reviewer: Maribel Nakamine

Waianae

HI 96792

Begin Date: 4/24/2026

Foster Family Home

Required Certificate

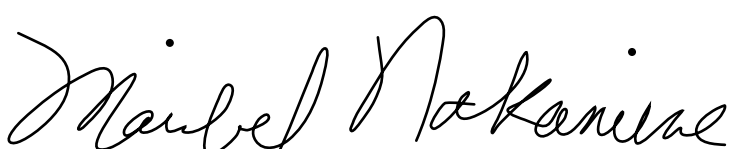
[11-800-6]

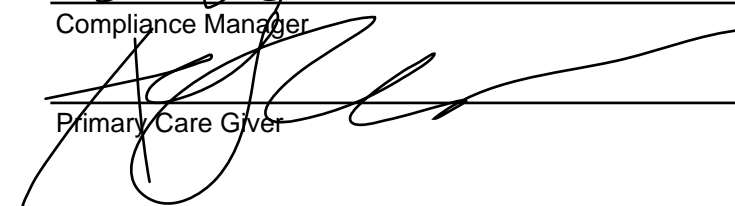
6.(d)(1) Comply with all applicable requirements in this chapter; and

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


Primary Care Giver

Date 4/24/26

Date 4/24/26