

Foster Family Home - Deficiency Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-19

45-3329 Ulu Street

Reviewer: Maribel Nakamine

Honoka'a HI 96727

Begin Date: 4/27/2026

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 RN 4/27/26
Compliance Manager Date

SCG. 4/27/26
Primary Care Giver Date