

Foster Family Home - Deficiency Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-18

634 Kulia Street

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 4/29/2026

Foster Family Home

Required Certificate

[11-800-6]

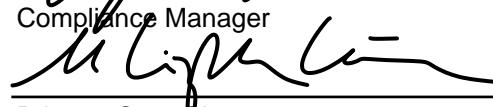
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

4/29/26

Date

4/29/26

Date