

Foster Family Home - Deficiency Report

Provider ID: 1-180044

Home Name: Jaizl Pinera, CNA

Review ID: 1-180044-16

94-561 Palai Street

Reviewer: Po Lim

Waipahu HI 96797

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:

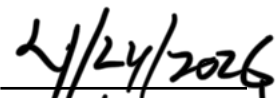
6(d)(1) Unannounced inspection for a 3 bed CCFFH annual re-certification.

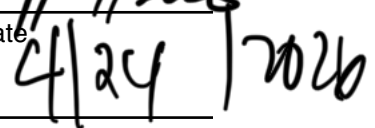
CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



Date


Date