

Foster Family Home - Deficiency Report

Provider ID: 1-160029

Home Name: Marissa Garcia, CNA

Review ID: 1-160029-16

1058 Uluwale Street

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 4/29/2026

Foster Family Home

Required Certificate

[11-800-6]

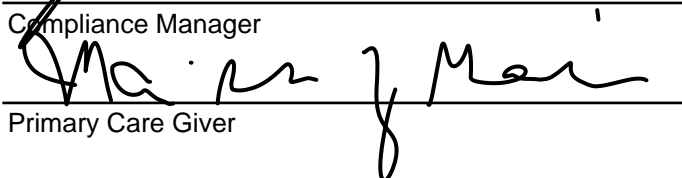
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date