

Foster Family Home - Deficiency Report

Provider ID: 1-576952

Home Name: Marites Edades, CNA

Review ID: 1-576952-21

91-1008 Makahaiaiku Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 4/23/2026

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 *4/23/26*

Compliance Manager
[Signature] *4/23/26*

Primary Care Giver Date