Foster Family Home - Deficiency Report

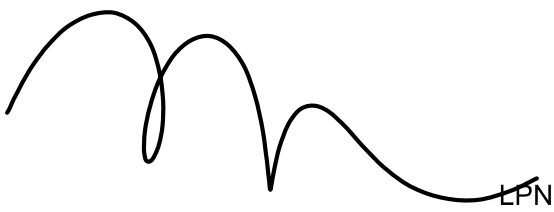
Provider ID:	**1-260024**		
Home Name:	**Britney Peralta, CNA**	**Review ID:**	**1-260024-1**
94-770 Kaiao Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	5/13/2026

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action is required.



LPN

Compliance Manager

05/22/2026

Date

Primary Care Giver

05/22/2026

Date