

Foster Family Home - Deficiency Report

Provider ID: 1-630279

Home Name: David Yamane, CNA

Review ID: 1-630279-20

1103 Kahauiki Place

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 6/22/2026

Foster Family Home	Required Certificate	[11-800-6]
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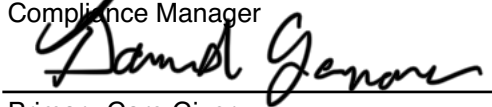
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

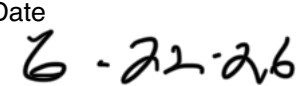
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date