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]**

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

Date 6/22/2026

Primary Care Giver

Date 6-22-26

6/22/2026 11:57:36 AM