Foster Family Home - Deficiency Report

Provider ID:	**1-512310**		
Home Name:	**Grace Constantino-Reyes, CNA**	**Review ID:**	**1-512310-18**
94-586 Palai Street		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	5/22/2026

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 5/22/2026

Primary Care Giver

Date 5/22/26

5/22/2026 11:54:15 AM