Foster Family Home - Deficiency Report

Provider ID:	**1-220058**		
Home Name:	**Jamie M. Pamani, CNA**	**Review ID:**	**1-220058-8**
1455 Meyers Street		Reviewer:	Maribel Nakamine
Honolulu HI 96819		Begin Date:	5/26/2026

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 2-bed recertification.

CCFFH met all requirements at the time of inspection. No corrective action required.

Maribel Nakamine RN 5/26/26

Compliance Manager Date

Primary Care Giver 5/26/26

Date