

Foster Family Home - Deficiency Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

Review ID: 1-110052-20

1919 Beckley Street

Reviewer: Maribel Nakamine

Honolulu

HI

96819

Begin Date:

5/18/2026

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 3-bed recertification.

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

Maribel Nakamine RN 5/18/26

Compliance Manager

Primary Care Giver

5/18/26

Date

Date