

Foster Family Home - Deficiency Report

Provider ID: 1-582248

Home Name: Ma Lournalee Asuncion, CNA

Review ID: 1-582248-20

98-544 Kaamilo Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 6/12/2026

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

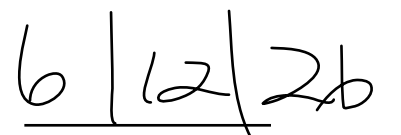
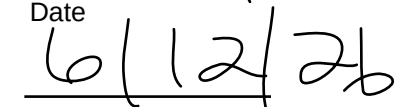
Comment:

6.d.1- Unannounced inspection made for a 2-bed recertification.

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


Compliance Manager

Primary Care Giver


Date

Date