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.

Maribel Nakamine RN

Compliance Manager

6/12/26

Date

Primary Care Giver

6/12/26

Date