Foster Family Home - Deficiency Report

Provider ID:	**1-090110**		
Home Name:	**Ronnie Paguyo, CNA**	**Review ID:**	**1-090110-19**
1348 Gulick Avenue		Reviewer:	Maribel Nakamine
Honolulu HI 96819		Begin Date:	5/21/2026

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 5/21/26

Compliance Manager Date

Primary Care Giver 5/21/26

Date