

# Foster Family Home - Deficiency Report

Provider ID: 1-512782

Home Name: Eufrocina Ledda, RN

Review ID: 1-512782-11

1026 Kupau Street

Reviewer: Julie Hastings

Kailua HI 96734

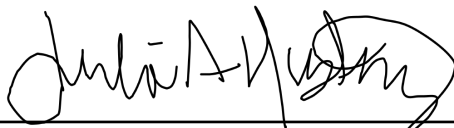
Begin Date: 8/17/2021

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

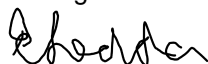
6.(d)(1)-Annual inspection conducted for this 2 bed home.  
Home is in compliance



\_\_\_\_\_  
Compliance Manager

8/17/2021

\_\_\_\_\_  
Date



\_\_\_\_\_  
Primary Care Giver

8/17/2021

\_\_\_\_\_  
Date