

Foster Family Home - Deficiency Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

Review ID: 1-511487-11

94-239 Pupukui Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/25/2022

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

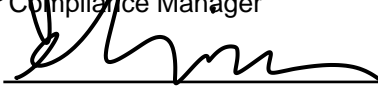
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.



Compliance Manager



Primary Care Giver

5/26/22

Date
5/26/22

Date