

Foster Family Home - Deficiency Report

Provider ID: 1-562711

Home Name: Eulalio Nana, CNA

Review ID: 1-562711-11

94-520 Apii Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/14/2022

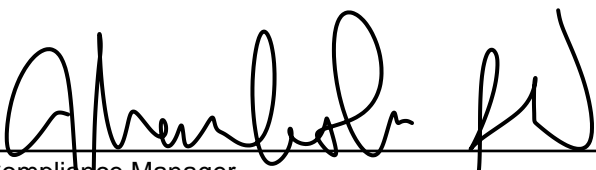
Foster Family Home **Required Certificate** **[11-800-6]**

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

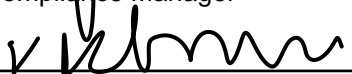
Comment:

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

No Deficiency Report issued.



Compliance Manager



Primary Care Giver

6/14/22

Date
6/14/22

Date