

Foster Family Home - Deficiency Report

Provider ID: 1-560319

Home Name: Leila Stringer, NA

Review ID: 1-560319-11

94-332 Pauwala Place

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 6/22/2022


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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

 6/22/22

Compliance Manager

Date



Primary Care Giver

Date

6/22/22