

# Foster Family Home - Deficiency Report

Provider ID: 1-512782

Home Name: Eufrocina Ledda, RN

Review ID: 1-512782-13

1026 Kupau Street

Reviewer: Po Lim

Kailua HI 96734

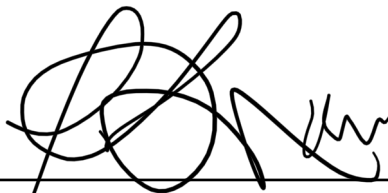
Begin Date: 7/19/2022

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

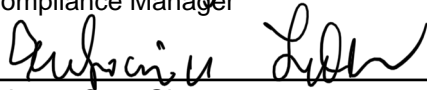
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

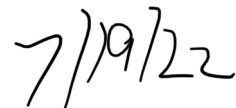
6(d)(1) Unannounced recertification made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



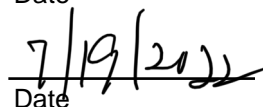
Compliance Manager



Primary Care Giver



Date



Date