

Foster Family Home - Deficiency Report

Provider ID: 1-562844

Home Name: Evangeline Billena, CNA

Review ID: 1-562844-10

94-404 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/7/2022

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

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

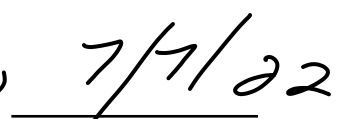
Comment:

6.d.1- Unannounced recertification inspection conducted.

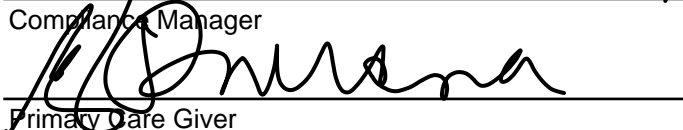
CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

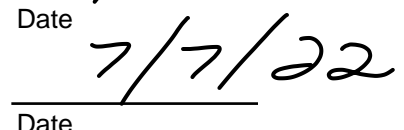


Compliance Manager



Date





Date