

Foster Family Home - Deficiency Report

Provider ID: 1-565096

Home Name: Emy Lee, CNA

Review ID: 1-565096-11

94-428 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797


Begin Date: 4/24/2023

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

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

Comment:

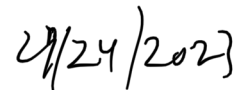
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection. .
CCFFH met all requirements at the time of the inspection.



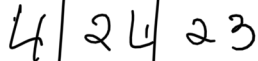
Compliance Manager



Primary Care Giver



Date



Date