

Foster Family Home - Deficiency Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

Review ID: 1-511487-13

94-239 Pupukui Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/21/2023

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

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

Comment:

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

No plan of correction required.



Compliance Manager


Primary Care Giver

4/21/23

Date
4/21/23

Date