

# Foster Family Home - Deficiency Report

Provider ID: 1-130048

Home Name: Imelda Vea, CNA

Review ID: 1-130048-13

94-462 Alpine Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/23/2023


**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 re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

1/23/23  
\_\_\_\_\_  
Date

1/23/23  
\_\_\_\_\_  
Date