

# Foster Family Home - Deficiency Report

Provider ID: 1-560319

Home Name: Leila Stringer, NA

Review ID: 1-560319-13

94-332 Pauwala Place

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 5/2/2023

**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 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, CW 5/2/23  
\_\_\_\_\_  
Compliance Manager      Date  
5/2/23  
\_\_\_\_\_  
Primary Care Giver      Date  
5/2/23