

# Foster Family Home - Deficiency Report

Provider ID: 1-100045

Home Name: Mydanelle Vila, CNA

Review ID: 1-100045-16

94-313 Kahuawai Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date:

4/14/2023

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 home visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine

Compliance Manager

Primary Care Giver

Date

Date