

# Foster Family Home - Deficiency Report

Provider ID: 1-562711

Home Name: Eulalio Nana, CNA

Review ID: 1-562711-13

94-520 Apii Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 5/19/2023

**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.

 RN

Compliance Manager



Primary Care Giver

5/19/23

Date

5/19/23

Date