

# Foster Family Home - Deficiency Report

Provider ID: 1-562844

Home Name: Evangeline Billena, CNA

Review ID: 1-562844-12

94-404 Kuahui Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

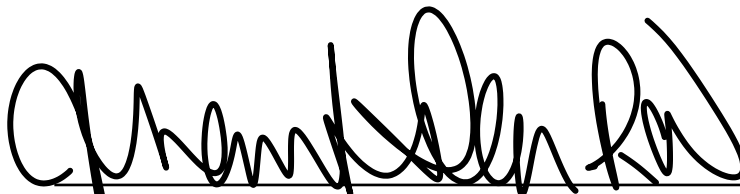
Begin Date: 6/21/2023

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

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

Comment:

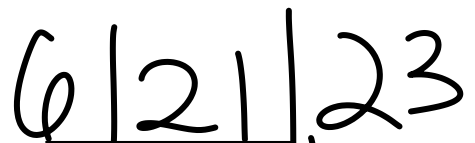
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



Compliance Manager



Primary Care Giver



Date



Date