

# Foster Family Home - Deficiency Report

Provider ID: 1-560715

Home Name: Nancy Lopez, CNA

Review ID: 1-560715-14

91-572 Akua Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/9/2023

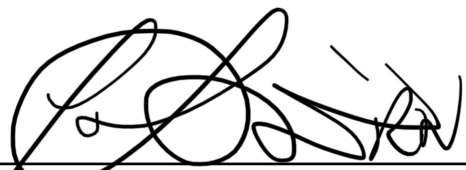
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed annual inspection.

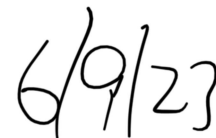
CCFFH met all requirements at the time of the inspection.



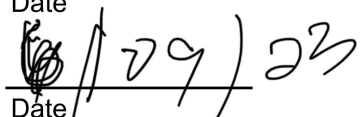
Compliance Manager



Primary Care Giver



Date



Date