

Foster Family Home - Deficiency Report

Provider ID: 1-512782

Home Name: Eufrocina Ledda, RN

Review ID: 1-512782-15

1026 Kupau Street

Reviewer: Deborah Baumgart

Kailua HI 96734


Begin Date: 6/27/2023

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

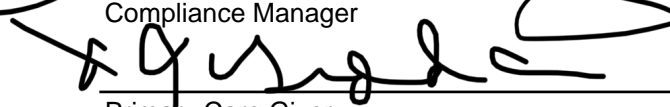
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.d.1- Unannounced visit made for a 2-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



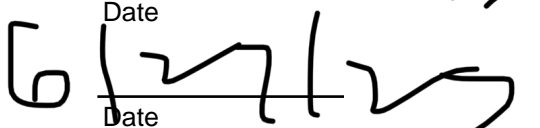
Compliance Manager



Primary Care Giver



Date



Date

3