

# Foster Family Home - Deficiency Report

Provider ID: 1-560161

Home Name: Carolina Eala, CNA

Review ID: 1-560161-15

94-1403 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/12/2023

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

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

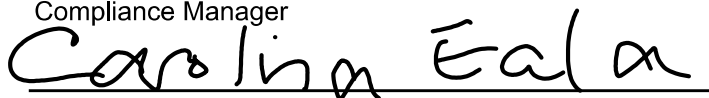
Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

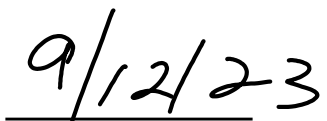
CCFFH met all requirements at the time of inspection.



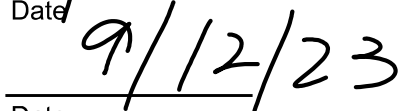
Compliance Manager



Primary Care Giver



Date



Date