

Foster Family Home - Deficiency Report

Provider ID: 1-631540

Home Name: Mila Vea, NA

Review ID: 1-631540-14

94-1176 Kahuahale Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/15/2023

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

Maribel Nakamine, RD 11/15/23
Compliance Manager Date
Jm yve 11/15/23
Primary Care Giver Date