

Foster Family Home - Deficiency Report

Provider ID: 1-200015

Home Name: Juliet Morada-Leano, CNA

Review ID: 1-200015-10

94-745 Kalae Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/25/2024

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

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

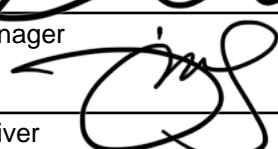
Comment:

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

1/25/2024
Date

1/25/2024
Date