

Foster Family Home - Deficiency Report

Provider ID: 1-170069

Home Name: Nina Angelica Dafun, CNA

Review ID: 1-170069-11

94-1017B Kahuailani Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/12/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

12/12/23

Date
12/12/23

Date