

# Foster Family Home - Deficiency Report

Provider ID: 1-565096

Home Name: Emy Lee, CNA

Review ID: 1-565096-13

94-428 Hamau Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/1/2024

**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 annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

4/1/24

Date

4/1/24

Date