

Foster Family Home - Deficiency Report

Provider ID: 1-120053

Home Name: Madeline Ulep, RN

Review ID: 1-120053-15

94-1469 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/15/2024

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

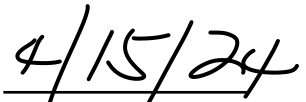
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

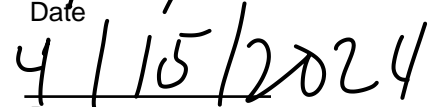
6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.


Compliance Manager


Date


Primary Care Giver


Date