

# Foster Family Home - Deficiency Report

Provider ID: 1-150050

Home Name: Dolores Vicencio, CNA

Review ID: 1-150050-13

98-050 Lokowai Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 5/2/2024

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



Compliance Manager



Primary Care Giver

5/2/24  
Date  
5/2/24  
Date