

Foster Family Home - Deficiency Report

Provider ID: 1-512782

Home Name: Eufrocina Ledda, RN

Review ID: 1-512782-17

1026 Kupau Street

Reviewer: Maribel Nakamine

Kailua HI 96734

Begin Date: 6/12/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN
Compliance Manager
Eufrocina Ledda
Primary Care Giver

6/12/24
Date
6/12/24
Date