

Foster Family Home - Deficiency Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

Review ID: 1-511487-15

94-239 Pupukui Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/26/2024

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 re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date