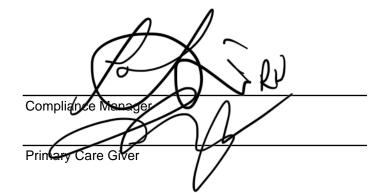
	Foster Family Home - Deficiency Report				
Provider ID:	1-100045				
Home Name:	Mydanelle Vil	a, CNA	Review ID:	1-100045-19	
94-671 Loaa Street			Reviewer:	Po Lim	
Waipahu	HI	96797	Begin Date:	5/6/2024	
Foster Family Home Required Certificat			cate	[11-800-6]	
6.(d)(1) Comply with all applicable requirements in this chapter; and					

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection. CCFFH met all requirements at the time of the inspection.



Date Date

5/6/2024 12:21:43 PM

Comment: