

Foster Family Home - Deficiency Report

Provider ID: 1-560715

Home Name: Nancy Lopez, CNA

Review ID: 1-560715-16

91-572 Akua Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/16/2024

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