

# Foster Family Home - Deficiency Report

Provider ID: 1-220081

Home Name: Neva Jane Carlos, CNA

Review ID: 1-220081-5

94-462 Kipou Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/25/2024

**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 annual inspection.

CCFFH met all requirements at the time of the inspection.

PCG requests to increase to 3-bed CCFFH



Compliance Manager



Primary Care Giver



Date



Date

7/25/2024 12:44:25 PM