

Foster Family Home - Deficiency Report

Provider ID: 1-170069

Home Name: Nina Angelica Dafun, RN

Review ID: 1-170069-13

94-1017B Kahuailani Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/29/2024

Foster Family Home

Required Certificate

[11-800-6]

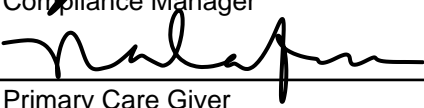
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

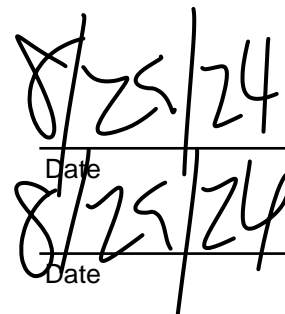
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



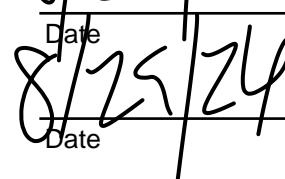
Compliance Manager



Primary Care Giver



Date



Date