

# Foster Family Home - Deficiency Report

Provider ID: 1-631540

Home Name: Mila Vea, NA

Review ID: 1-631540-16

94-1176 Kahuahale Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/18/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

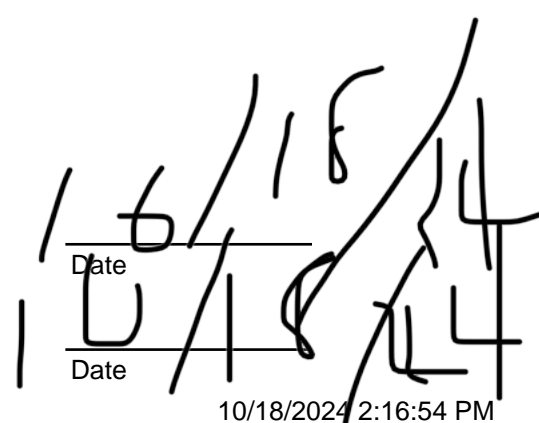
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Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date  
10/18/2024 2:16:54 PM