

Foster Family Home - Deficiency Report

Provider ID: 1-190020

Home Name: Bryan Dave Vicente, NA

Review ID: 1-190020-12

94-406 Opeha Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/14/2024

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

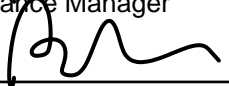
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



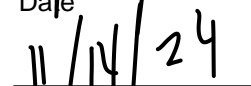
Compliance Manager



Primary Care Giver



Date



Date