

Foster Family Home - Deficiency Report

Provider ID: 1-180004

Home Name: Katherine De Vera, NA

Review ID: 1-180004-14

94-610 Kaiewa Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/6/2024

Foster Family Home


Required Certificate

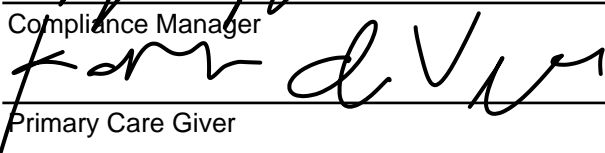
[11-800-6]

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

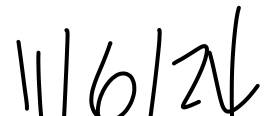
Comment:

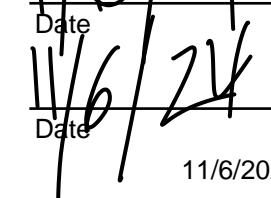
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date