

Foster Family Home - Deficiency Report

Provider ID: 1-220016

Home Name: Leofel Menor, CNA

Review ID: 1-220016-8

94-495 Niulii Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/4/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 11/4/24
Compliance Manager Date
L. Menor 11/4/24
Primary Care Giver Date