

Foster Family Home - Deficiency Report

Provider ID: 1-564428

Home Name: Nancy Modumo, CNA

Review ID: 1-564428-16

91-1088 Kaunolu Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 10/31/2024

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

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

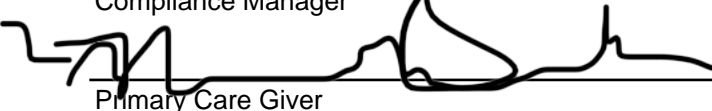
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

10/31/24
10/31/24

Date

Date

10/31/2024 12:47:52 PM