

Foster Family Home - Deficiency Report

Provider ID: 1-560715

Home Name: Nancy Lopez, CNA

Review ID: 1-560715-18

91-572 Akua Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 6/30/2025


| Foster Family Home | Required Certificate | [11-800-6] |
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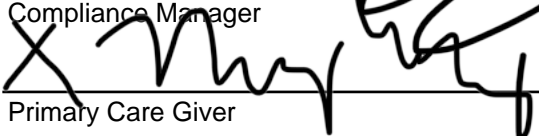
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

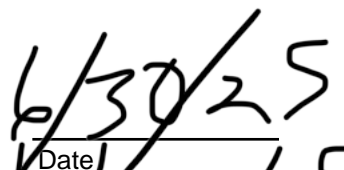
6.d.1- Unannounced visit made for a 3-bed annual inspection.

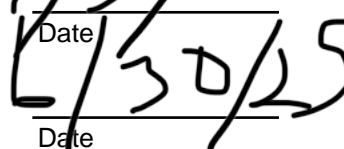
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date