

Foster Family Home - Deficiency Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN

Review ID: 1-567141-18

95-253 Hakupokano Loop

Reviewer: Laurie Vosler

Mililani HI 96789

Begin Date: 9/12/2025

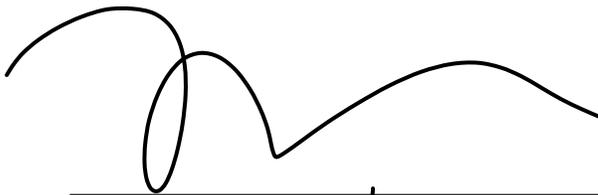
Foster Family Home **Required Certificate** **[11-800-6]**

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

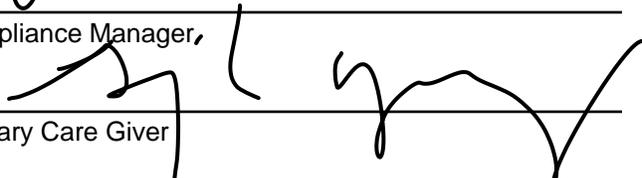
Comment:

6(d)(1) Unannounced visit made for a 2 bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager,



Primary Care Giver

09/12/2025

Date

09/12/2025

Date