

Foster Family Home - Deficiency Report

Provider ID: 1-210005

Home Name: Josephine De Vera, NA

Review ID: 1-210005-11

91-154 Hailipo Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 11/19/2025

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

11/19/25
Date

11/19/25
Date