

Foster Family Home - Deficiency Report

Provider ID: 1-220016

Home Name: Leofel Menor, CNA

Review ID: 1-220016-10

94-495 Niulii Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/18/2025


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 3-bed annual inspection.


CCFFH met all requirements at the time of the inspection.



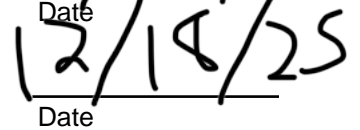
Compliance Manager



Primary Care Giver



Date



Date