

Foster Family Home - Deficiency Report

Provider ID: 1-564428

Home Name: Nancy Modumo, CNA

Review ID: 1-564428-18

91-1088 Kaunolu Street

Reviewer: Po Lim

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:

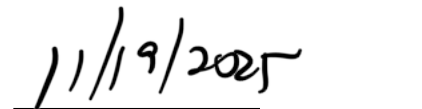
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.


CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date