

Foster Family Home - Deficiency Report

Provider ID: 1-240019

Home Name: Tiffany Leota, NA

Review ID: 1-240019-7

94-312 Kahuawai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/1/2025


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

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

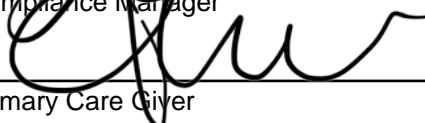
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

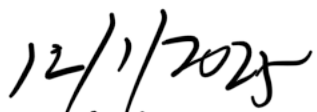
CCFFH met all requirements at the time of the inspection.



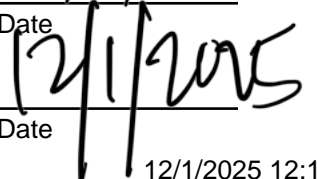
Compliance Manager



Primary Care Giver



Date



Date