# Foster Family Home - Deficiency Report

| | | | |
|---|---|---|---|
| **Provider ID:** | **1-512782** | | |
| **Home Name:** | **Eufrocina Ledda, RN** | **Review ID:** | **1-512782-20** |
| 1026 Kupau Street | | Reviewer: | Po Lim |
| Kailua HI 96734 | | Begin Date: | 6/11/2026 |

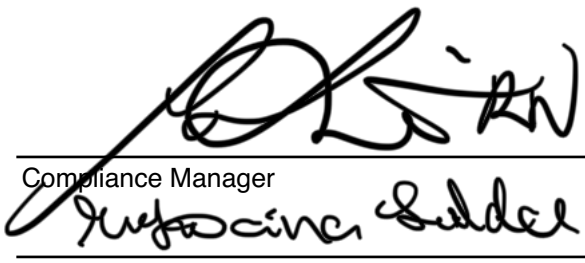
**Foster Family Home** **Required Certificate** **[11-800-6]**

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

Comment:

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

CCFFH met all requirements at the time of the inspection.



Compliance Manager

6/11/2026

Date



Primary Care Giver

6/11/2026

Date