Foster Family Home - Deficiency Report

Provider ID:	**1-560319**		
Home Name:	**Leila Stringer, NA**	**Review ID:**	**1-560319-18**
94-332 Pauwala Place		Reviewer:	Ryan Nakamura
Mililani HI 96789		Begin Date:	6/25/2026

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Compliance Manager — Date 6/25/26

Primary Care Giver — Date 6/25/26