

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

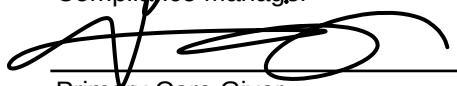
Foster Family Home	Required Certificate	[11-800-6]
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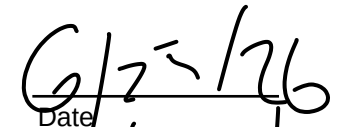
6.(d)(1) Comply with all applicable requirements in this chapter; and

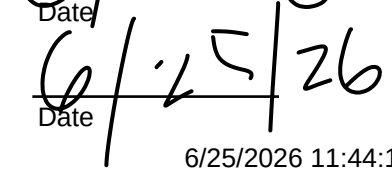
Comment:

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


Primary Care Giver


Date


Date