

Foster Family Home - Deficiency Report

Provider ID: 1-560715

Home Name: Nancy Lopez, CNA

Review ID: 1-560715-19

91-572 Akua Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 5/14/2026

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:

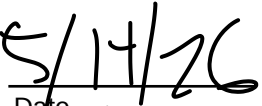
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



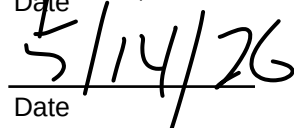
Compliance Manager



Primary Care Giver



Date



Date