Foster Family Home - Deficiency Report

Provider ID:	**1-170051**		
Home Name:	**Angelita Takahashi, CNA**	**Review ID:**	**1-170051-7**
94-706 Kalae Street		Reviewer:	Maribel Nakamine
Waipahu HI 96797		Begin Date:	8/30/2021

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN 8/30/21

Compliance Manager Date

Primary Care Giver 8/30/21

Date