

Foster Family Home - Deficiency Report

Provider ID: 1-562985

Home Name: Elizabeth Ilagan, CNA

Review ID: 1-562985-10

94-1210 Keahua Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/17/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

Maribel Nakamine, RN

Compliance Manager

Elizabeth In Don Ploger

Primary Care Giver

8/17/2021

Date

8/17/2021

Date