

# Foster Family Home - Deficiency Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

Review ID: 4-510885-9

1902 Koa'e Place

Reviewer: Terri Van Houten

Wailuku HI 96793

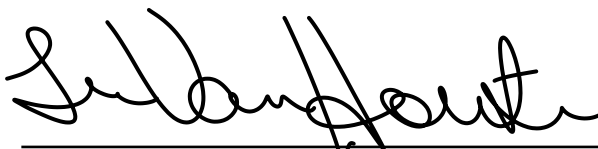
Begin Date: 8/16/2021

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

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

Comment:

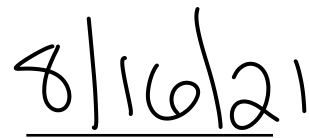
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



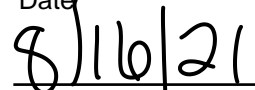
Compliance Manager



Primary Care Giver



Date



Date