

Foster Family Home - Deficiency Report

Provider ID: 1-511180

Home Name: Leilani Nagtalon, CNA

Review ID: 1-511180-13

92-638 Auwaea Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707


Begin Date: 8/13/2021

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

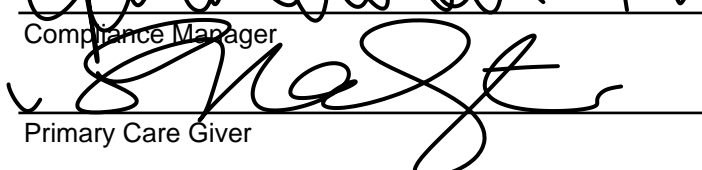
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

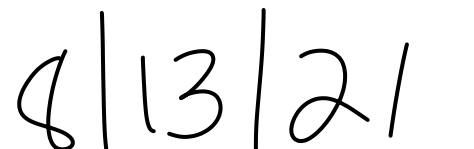
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



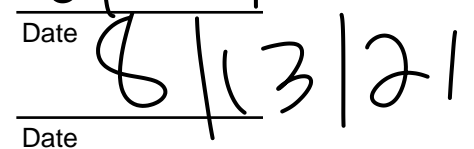
Compliance Manager



Primary Care Giver



Date



Date