

Foster Family Home - Deficiency Report

Provider ID: 1-180090

Home Name: Erlita Magdirila, RN

Review ID: 1-180090-6

94-418 Loaa Street

Reviewer: David Ayling

Waipahu HI 96797

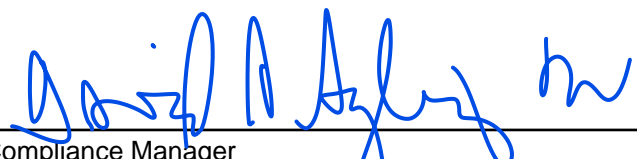
Begin Date: 10/19/2021

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

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

Comment:

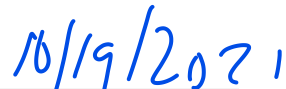
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.



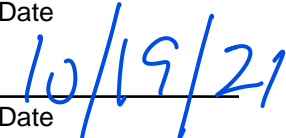
Compliance Manager



Primary Care Giver



Date



Date