

# Foster Family Home - Deficiency Report

Provider ID: 1-563230

Home Name: Consolacion Lapitan, LPN

Review ID: 1-563230-15

99-189 Puakala Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 12/29/2021

Foster Family Home

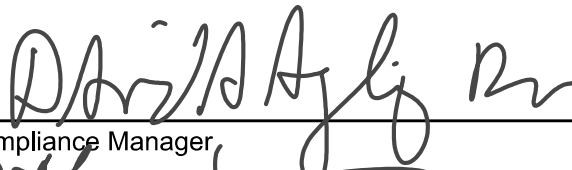
Required Certificate


[11-800-6]

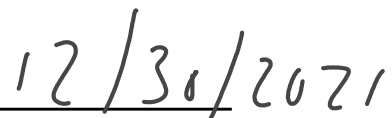
6.(d)(1) Comply with all applicable requirements in this chapter; and

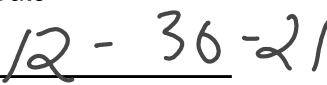
Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date