

Foster Family Home - Deficiency Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-12

91-915 Mailani Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 3/1/2022

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 re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.


Compliance Manager


Primary Care Giver

3/1/22
Date
3/1/22
Date