

# Foster Family Home - Deficiency Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-10

94-468 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/24/2022

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

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

*Maribel Nakamine, CM*      1/24/22  
\_\_\_\_\_  
Compliance Manager      Date  
*[Signature]*      1/24/22  
\_\_\_\_\_  
Primary Care Giver      Date