

# Foster Family Home - Deficiency Report

Provider ID: 1-170028

Home Name: Jenelyn Laforga, CNA

Review ID: 1-170028-8

94-502 Pilimai Street

Reviewer: Po Lim

Waipahu HI 96797

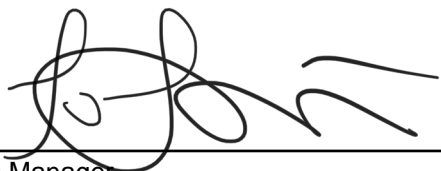
Begin Date: 4/29/2022

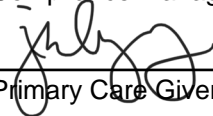
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

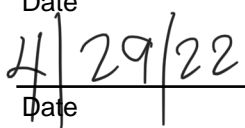
Comment:

6.d.1 Unannounced annual visit made. No deficiency noted. See attached form.

  
\_\_\_\_\_  
Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date