

Foster Family Home - Deficiency Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA

Review ID: 2-190047-6

96-3065 Pikake Street

Reviewer: David Ayling

Pahala HI 96777


Begin Date: 5/24/2022

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

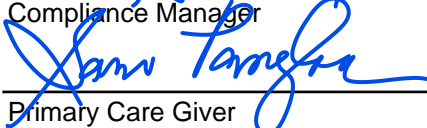
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

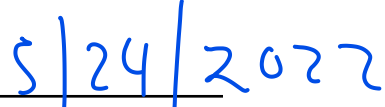
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



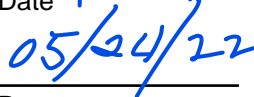
Compliance Manager



Primary Care Giver



Date



Date