

Foster Family Home - Deficiency Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-10

3 Puualoha Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/27/2022

Foster Family Home

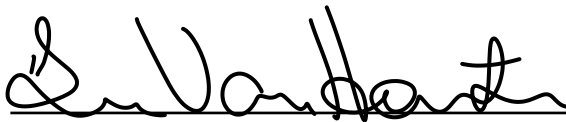
Required Certificate

[11-800-6]

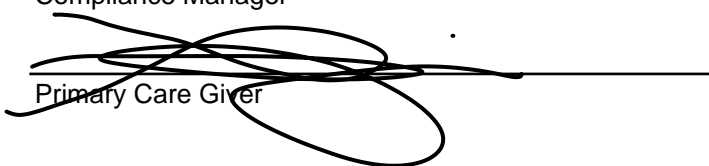
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

6/27/22

Date

6/27/22

Date

6/27/2022 2:22:12 PM