

Foster Family Home - Deficiency Report

Provider ID: 1-220049

Home Name: Zhareigne May Dagdagan,
CNA

91-1178 Hanaloa Street

Ewa Beach

HI

96706

Review ID: 1-220049-1

Reviewer: David Ayling

Begin Date: 7/13/2022

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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date

Date