

# Foster Family Home - Deficiency Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-9

94-706 Kalae Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 9/28/2022

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.

CCFFH is in compliance with all requirements.



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



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

9/28/22

\_\_\_\_\_  
Date

9/28/22

\_\_\_\_\_  
Date