

Foster Family Home - Deficiency Report

Provider ID: 1-220076

Home Name: Gina Roldan Pagtama, CNA

Review ID: 1-220076-1

91-1009 Pa Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 10/11/2022

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