

# Foster Family Home - Deficiency Report

Provider ID: 1-160097

Home Name: Lea Daguro, CNA

Review ID: 1-160097-10

2194 Wilson Street

Reviewer: David Ayling

Honolulu HI 96819


Begin Date: 12/20/2022


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

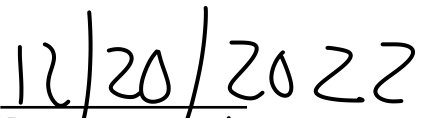
6.(d)(1)      Comply with all applicable requirements in this chapter; and

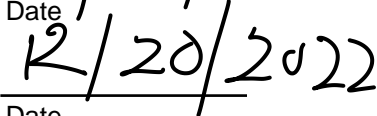
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date