

# Foster Family Home - Deficiency Report

Provider ID: 1-634437

Home Name: Priscilla Tagata, CNA

Review ID: 1-634437-14

99-466 Ulune Street

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 10/11/2022


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

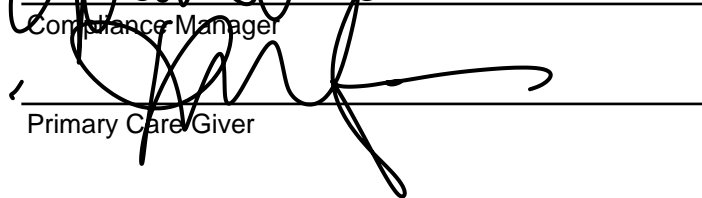
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

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

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

10/12/22  
Date

10/12/22  
Date