

Foster Family Home - Deficiency Report

Provider ID: 1-230005

Home Name: Kevin Jay Tagala, CNA

Review ID: 1-230005-1

94-1039 Hohola Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/23/2023

Foster Family Home

Required Certificate

[11-800-6]

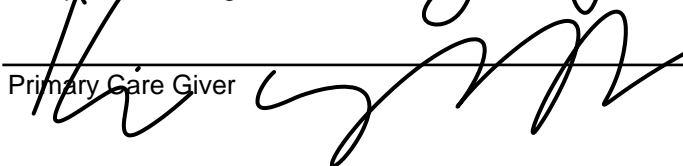
6.(d)(1) Comply with all applicable requirements in this chapter; and

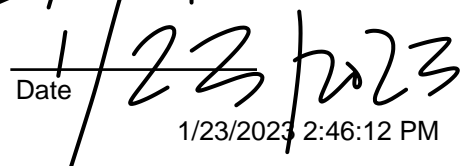
Comment:

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


Date


Primary Care Giver


Date

1/23/2023 2:46:12 PM