

# Foster Family Home - Deficiency Report

Provider ID: 1-230029

Home Name: Magdalena Layugan, NA

Review ID: 1-230029-1

98-113 Kaulike Drive

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 5/4/2023

Foster Family Home

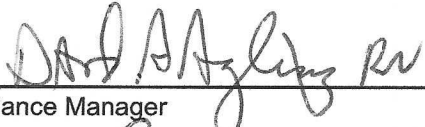
Required Certificate

[11-800-6]

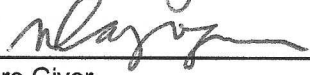
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/4/23. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager

5/4/2023  
Date

  
Primary Care Giver

5-4-23  
Date