

Foster Family Home - Deficiency Report

Provider ID: 1-100051

Home Name: Ligaya Dugay, CNA

Review ID: 1-100051-13

92-541 Pilipono Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 7/6/2022

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


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

Comment:

6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

7/6/22

Date
7/6/22

Date