

# Foster Family Home - Deficiency Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-12

3 Puualoha Place

Reviewer: Terri Van Houten

Kahului

HI

96732

Begin Date:

4/24/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

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

  
Compliance Manager

  
Primary Care Giver

4/24/23  
Date

4/24/23  
Date