

Foster Family Home - Deficiency Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

Review ID: 4-510885-13

1902 Koa'e Place

Reviewer: Terri Van Houten

Wailuku HI 96793


Begin Date: 6/13/2023

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


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

Comment:

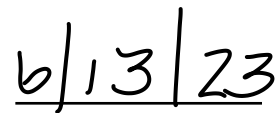
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.




Compliance Manager



Primary Care Giver



Date



Date