

Foster Family Home - Deficiency Report

Provider ID: 1-511180

Home Name: Leilani Nagtalon, CNA

Review ID: 1-511180-17

92-638 Auwaea Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 7/14/2023

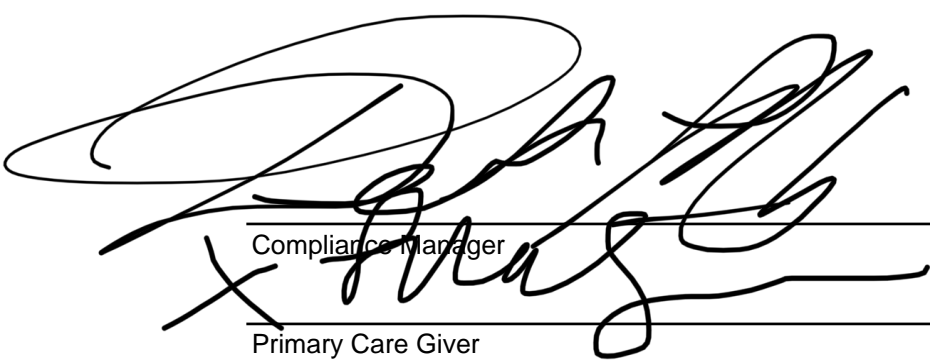
Foster Family Home **Required Certificate** **[11-800-6]**

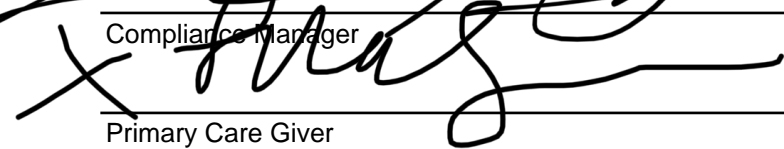
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

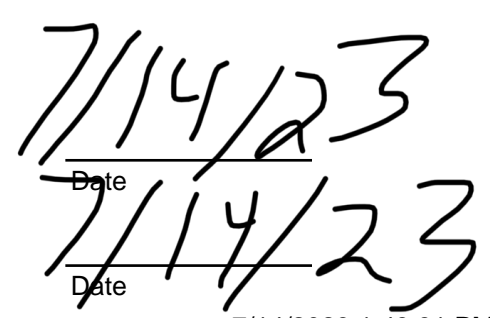
6.d.1- Unannounced visit made for a 3-bed annual inspection.

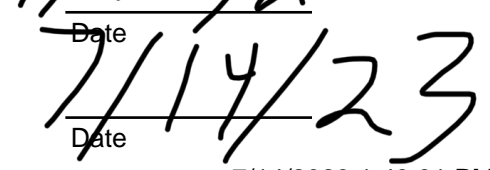
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date