

Foster Family Home - Deficiency Report

Provider ID: 1-100051

Home Name: Ligaya Dugay, CNA

Review ID: 1-100051-15

92-541 Pilipono Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

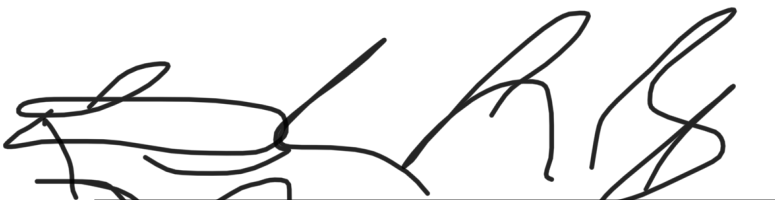
Begin Date: 6/23/2023

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 recertification inspection.
CCFFH met all requirements at the time of the inspection.



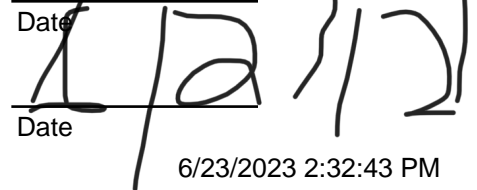
Compliance Manager



Primary Care Giver



Date



Date

6/23/2023 2:32:43 PM