

Foster Family Home - Deficiency Report

Provider ID: 1-559114

Home Name: Remedios Laforga, CNA

Review ID: 1-559114-6

85-335 Imipono Place

Reviewer: David Ayling

Waianae

HI

96792

Begin Date:

6/29/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David Ayling RN
Compliance Manager

Primary Care Giver

Date

Date