

Foster Family Home - Deficiency Report

Provider ID: 1-562985

Home Name: Elizabeth Ilagan, CNA

Review ID: 1-562985-14

94-1210 Keahua Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/11/2023

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN *8/11/23*

Compliance Manager Date

Elizabeth L. Jonhyn *8/11/23*

Primary Care Giver Date