

Foster Family Home - Deficiency Report

Provider ID: 1-509284

Home Name: Edgar Dulig, CNA

Review ID: 1-509284-14

94-991 Kualua Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/28/2023

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 inspection.

Maribel Nakamine, RN 8/28/23
Compliance Manager Date

Edgar M Dulig 8/28/23
Primary Care Giver Date