

# Foster Family Home - Deficiency Report

Provider ID: 1-230062

Home Name: Sherry Blanche Lagmay, CNA

Review ID: 1-230062-1

91-797C Makule Road

Reviewer: David Ayling

Ewa Beach

HI

96706

Begin Date: 9/5/2023

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 A. Ayling RN

Compliance Manager

Primary Care Giver

Date

Date

9/5/2023

9/5/2023

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