

Foster Family Home - Deficiency Report

Provider ID: 1-180003

Home Name: Donna Shane Bagay, NA

Review ID: 1-180003-13

94-170 Kehela Place

Reviewer: Ryan Nakamua

Waipahu HI 96797


Begin Date: 11/13/2023

Foster Family Home **Required Certificate** **[11-800-6]**

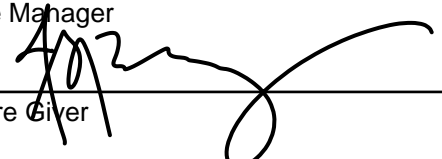
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

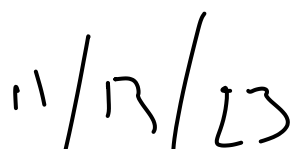
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



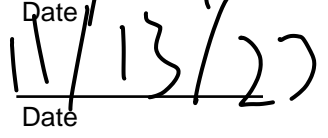
Compliance Manager



Primary Care Giver



Date



Date