

Foster Family Home - Deficiency Report

Provider ID: 1-140043

Home Name: Magdalena A. Duldulao, CNA

Review ID: 1-140043-14

91-1750A Ala Loa Street

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 10/30/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection.

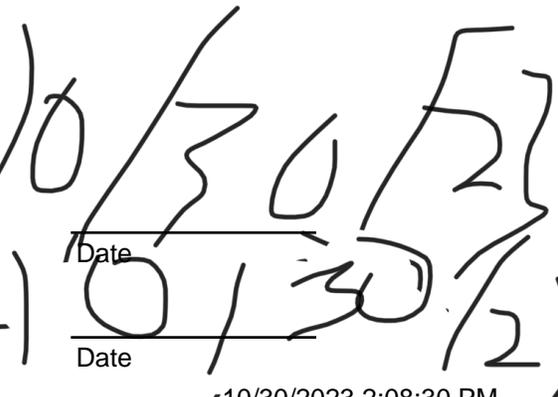
PCG request to increase to 3-Bed CCFFH



Compliance Manager



Primary Care Giver



Date

Date