

Foster Family Home - Deficiency Report

Provider ID: 1-634437

Home Name: Priscilla Tagata, CNA

Review ID: 1-634437-16

99-466 Ulune Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 11/21/2023

Foster Family Home

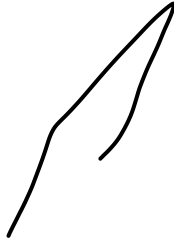
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager

Primary Care Giver

Date

Date

11/21/2023 10:01:12 AM