

Foster Family Home - Deficiency Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-16

91-915 Mailani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/24/2024

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

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

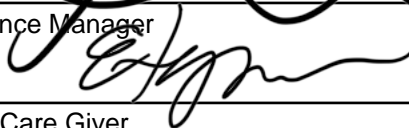
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

1/24/2024

Date

1/24/24

Date