

# Foster Family Home - Deficiency Report

Provider ID: 1-180048

Home Name: Elvissa Pagulayan, CNA

Review ID: 1-180048-13

5674 Dovekie Avenue

Reviewer: Po Lim

Ewa Beach HI 96706


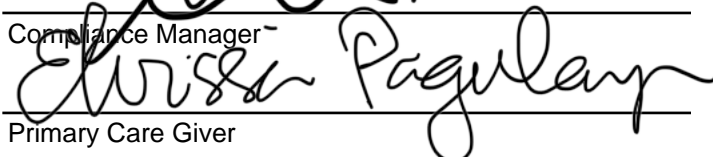
Begin Date: 4/25/2024


**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

  
\_\_\_\_\_  
Date  
4 / 25 / 2024  
\_\_\_\_\_  
Date