

# Foster Family Home - Deficiency Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA

Review ID: 2-190047-10

96-3065 Pikake Street

Reviewer: David Ayling

Pahala HI 96777

Begin Date: 4/15/2024

Foster Family Home


Required Certificate

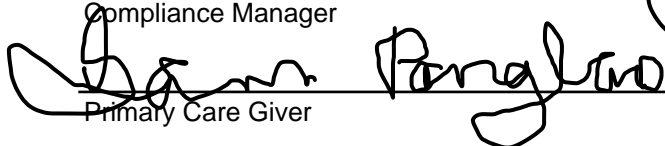
[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager  
Date 4/15/24

  
Primary Care Giver  
Date 4-15/24