

Foster Family Home - Deficiency Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-13

94-706 Kalae Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/21/2024

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

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

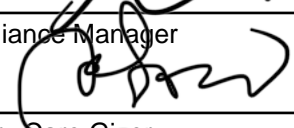
Comment:

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



Date