

Foster Family Home - Deficiency Report

Provider ID: 1-562985

Home Name: Elizabeth Ilagan, CNA

Review ID: 1-562985-16

94-1210 Keahua Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/12/2024


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

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

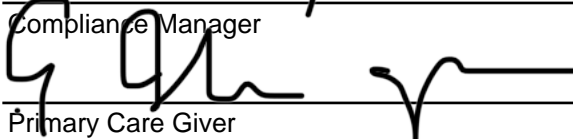
Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.


CCFFH met all requirements at the time of the inspection.




Compliance Manager



Primary Care Giver



Date



Date