

Foster Family Home - Deficiency Report

Provider ID: 1-563975

Home Name: Jeanette Liggayu, CNA

Review ID: 1-563975-16

91-1267 Hooplo Street

Reviewer: Sharon Edmondson

Ewa Beach HI 96706

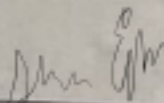
Begin Date: 6/11/2024

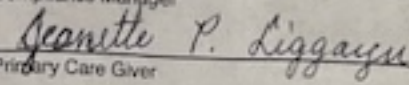
Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) Unannounced Annual inspection completed on 06/11/24. All requirements met.



Compliance Manager


Primary Care Giver

06/11/24

Date

06/11/24

Date