

Foster Family Home - Deficiency Report

Provider ID: 1-634354

Home Name: Sonia Pagdilao, CNA

Review ID: 1-634354-17

1046-A Morris Lane

Reviewer: Ryan Nakamura

Honolulu

HI 96817

Begin Date: 8/22/2024

Foster Family Home

Required Certificate

[11-800-6]

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


Comment:

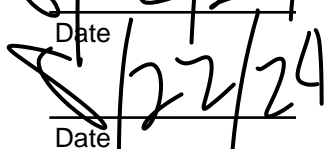
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date