

Foster Family Home - Deficiency Report

Provider ID: 1-509284

Home Name: Edgar Dulig, CNA

Review ID: 1-509284-16

94-991 Kualua Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/30/2024

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

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

Comment:

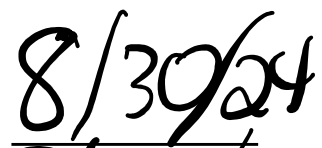
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

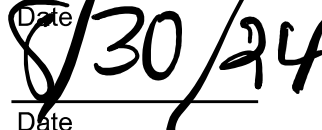


Compliance Manager

Primary Care Giver



Date



Date