

Foster Family Home - Deficiency Report

Provider ID: 1-140043

Home Name: Magdalena A. Duldulao, CNA

Review ID: 1-140043-16

91-1750A Ala Loa Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 9/18/2024

Foster Family Home

Required Certificate

[11-800-6]


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

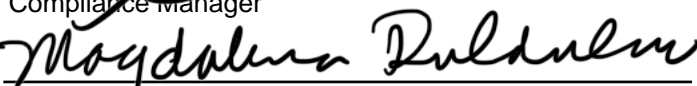
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.


CCFFH request reduction in beds from 3 beds to 2 beds.

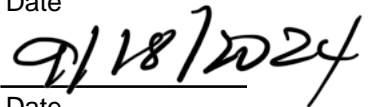
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date