

Foster Family Home - Deficiency Report

Provider ID: 1-150059

Home Name: Reymalou R. Tagudin, CNA

Review ID: 1-150059-6

1348 17th Avenue

Reviewer: Maribel Nakamine

Honolulu

HI 96816

Begin Date: 5/21/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

Reymalou Tagudin

Primary Care Giver

Date

Date

5/21/24

5/21/24