

Foster Family Home - Deficiency Report

Provider ID: 1-180003

Home Name: Donna Shane Bagay, NA

Review ID: 1-180003-15

94-170 Kehela Place

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 11/13/2024

Foster Family Home

Required Certificate

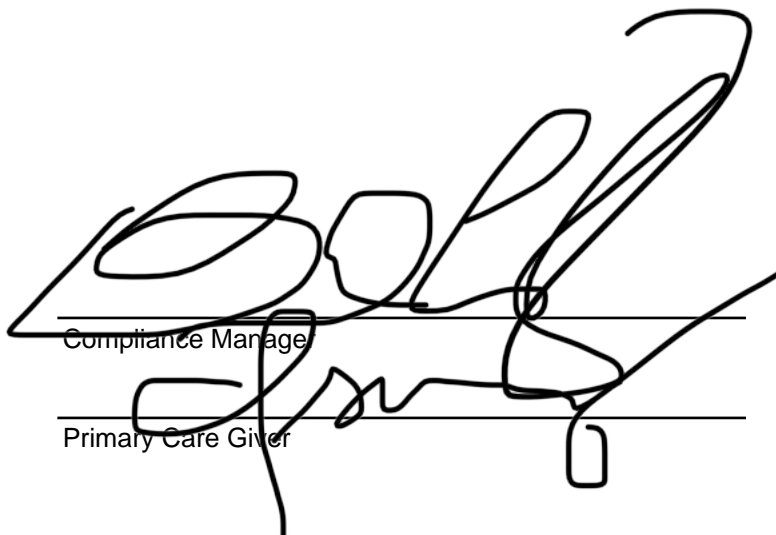
[11-800-6]


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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

11/13/24

Date
11/13/24

Date
11/13/2024 12:08:07 PM