

Foster Family Home - Deficiency Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-16

94-468 Kupuna Loop

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 11/19/2024

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.



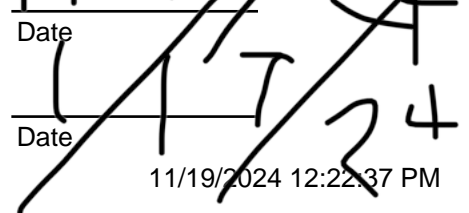
Compliance Manager



Primary Care Giver



Date



Date

11/19/2024 12:22:37 PM