

Foster Family Home - Deficiency Report

Provider ID: 1-240098

Home Name: Elma Ugalino, CNA

Review ID: 1-240098-1

99-788 Nahiole Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 12/19/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David Ayling RN 12/19/2024
Compliance Manager Date
E. Ugalino 12/19/24
Primary Care Giver Date