

Foster Family Home - Deficiency Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA
96-3065 Pikake Street
Pahala HI 96777

Review ID: 2-190047-12
Reviewer: Deborah Baumgart
Begin Date: 8/12/2025

Foster Family Home

Required Certificate

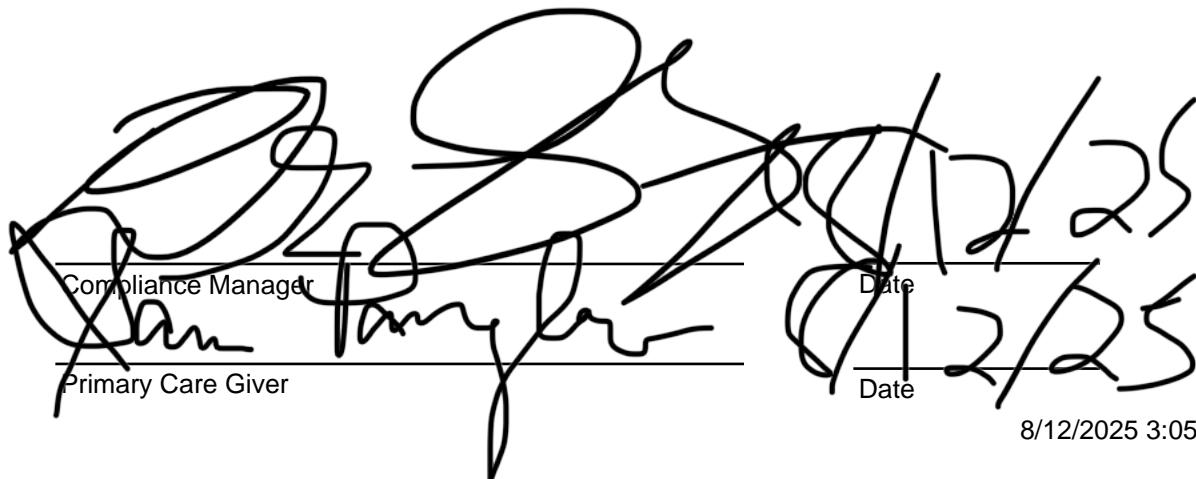
[11-800-6]

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.



Handwritten signatures and signatures over printed text. The printed text includes 'Compliance Manager' and 'Primary Care Giver' under the first signature, and 'Date' and '8/12/25' under the second signature. The signatures are in black ink.