

# Foster Family Home - Deficiency Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA

Review ID: 2-190047-12

96-3065 Pikake Street

Reviewer: Deborah Baumgart

Pahala HI 96777

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.

  
Compliance Manager  
  
Primary Care Giver  
  
Date  
  
Date