

Foster Family Home - Deficiency Report

Provider ID: 1-180003

Home Name: Donna Shane Bagay, NA

Review ID: 1-180003-17

94-170 Kehela Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/18/2025

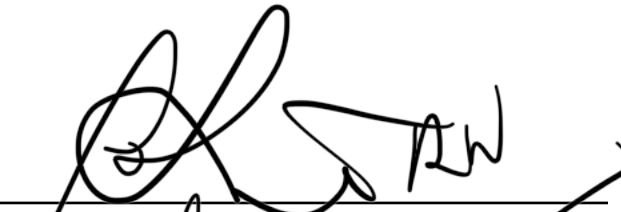
Foster Family Home **Required Certificate** **[11-800-6]**

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


Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

12/18/2025
Date

12/18/2025
Date