

Foster Family Home - Deficiency Report

Provider ID: 1-561101

Home Name: Shirly Layugan, CNA

Review ID: 1-561101-18

315 N. Circle Makai Street

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 12/3/2025

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

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

Comment:

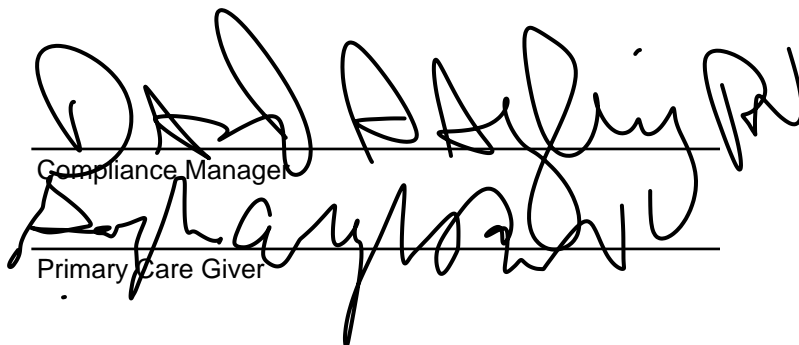
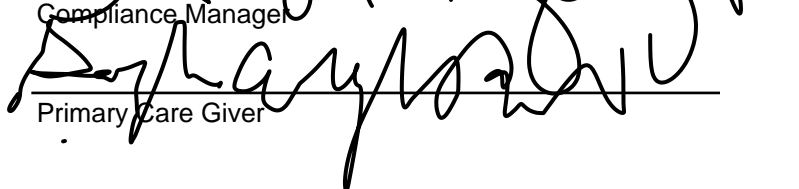
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/3/26.

Foster Family Home Records [11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

Comment:

54.(c) - No current 1147 present in client #2's chart. Expired on 4/5/2025. No current 1147 present in client #1's chart. Expired on 1/3/2025.


Compliance Manager

Primary Care Giver

12/3/2025
Date
12/3/25
Date
12/3/2025 1:57:54 PM