

Foster Family Home - Deficiency Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-18

3 Puualoha Place

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 3/24/2026

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver

3/24/2026
Date

3/24/2026
Date

3/24/2026 1:02:45 PM