Foster Family Home - Deficiency Report

Provider ID:	**2-190047**		
Home Name:	**Sam P. Panglao, CNA**	**Review ID:**	**2-190047-14**
96-3065 Pikake Street		Reviewer:	Maribel Nakamine
Pahala HI 96777		Begin Date:	5/27/2026

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

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

Comment:

6.d.1- Unannounced inspection made for a 2-bed recertification.

CCFFH met all requirements at the time of inspection. No corrective action required.

Maribel Nakamine RN 5/27/26

Compliance Manager Date

Sam Panglao 5/27/26

Primary Care Giver Date