

Foster Family Home - Deficiency Report

Provider ID: 1-560351

Home Name: Leonor Aglanao, CNA

Review ID: 1-560351-8

94-475 Hamau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/16/2021


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

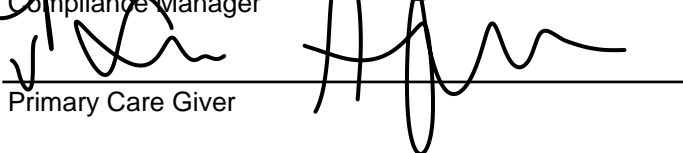
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.



Compliance Manager


Primary Care Giver

7/16/21

Date
7/16/21

Date