

Foster Family Home - Deficiency Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

Review ID: 1-593196-12

94-458 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/8/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, M 10/8/2021

Compliance Manager

Date

Melita Agpaoa

Primary Care Giver

10/8/2021

Date