

# Foster Family Home - Deficiency Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

Review ID: 1-150056-10

94-536 Hiapaiolo Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/9/2022

Foster Family Home

Required Certificate

[11-800-6]

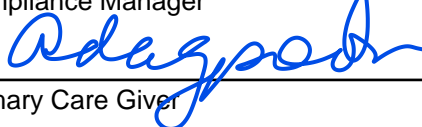
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

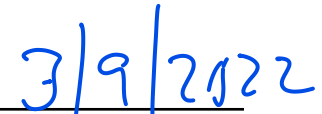
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



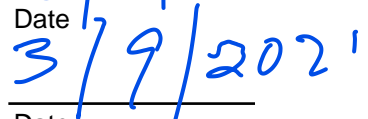
Compliance Manager



Primary Care Giver



Date



Date