

Foster Family Home - Deficiency Report

Provider ID: 1-160014

Home Name: Krystle Agaton, LPN

Review ID: 1-160014-11

94-233 Pupukui Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 2/25/2022

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

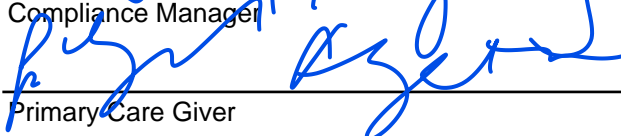
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

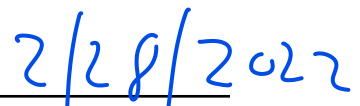
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



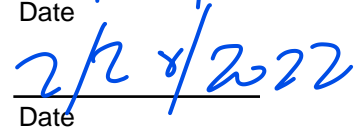
Compliance Manager



Primary Care Giver



Date



Date