

# Foster Family Home - Deficiency Report

Provider ID: 1-110083

Home Name: Agnes Goya, CNA

Review ID: 1-110083-14

91-1041 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706

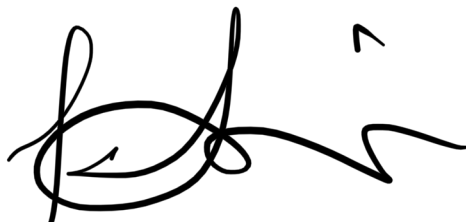
Begin Date: 5/9/2022

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

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

Comment:

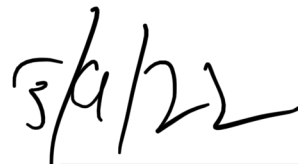
6(d)(1) Unannounced recertification or annual inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



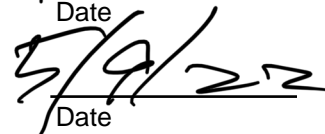
Compliance Manager



Primary Care Giver



Date



Date