

# Foster Family Home - Deficiency Report

Provider ID: 1-220046

Home Name: Michael James Aguinaldo, NA

Review ID: 1-220046-1

1596 Kaweloka Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 6/28/2022

**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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date