

Foster Family Home - Deficiency Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

Review ID: 1-593196-14

94-458 Opeha Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/3/2022


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 annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



Compliance Manager


Primary Care Giver

10/3/22

Date
10/3/22

Date