

Foster Family Home - Deficiency Report

Provider ID: 1-562969

Home Name: Trina Abrigo, CNA

Review ID: 1-562969-13

94-1128 Kahuahale Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/29/2022


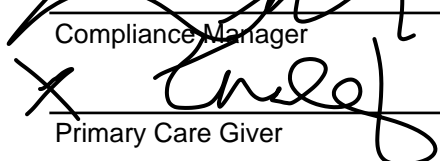
Foster Family Home	Required Certificate	[11-800-6]
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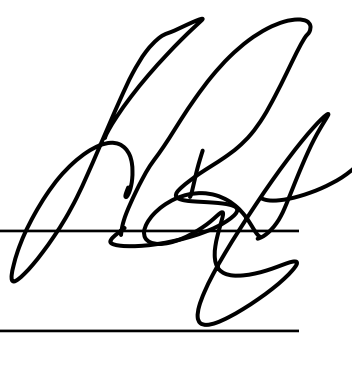
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.


Compliance Manager

Primary Care Giver


Date 8/29/22
Date 8/29/22
8/29/2022 1:15:55 PM