

Foster Family Home - Deficiency Report

Provider ID: 1-559239

Home Name: Eufemia Aguada, CNA

Review ID: 1-559239-13

94-619 Kipou Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/30/2022

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

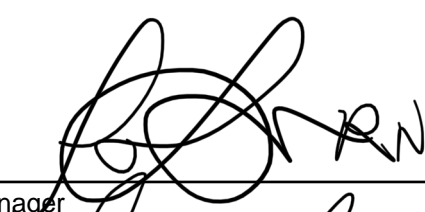
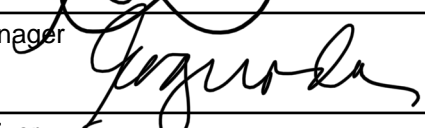
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced recertification 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

9/29/22

Date

9/29/22

Date