

Foster Family Home - Deficiency Report

Provider ID: 1-220079

Home Name: Mildred Agullana, CNA

Review ID: 1-220079-1

1591 Nobrega Street

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 10/28/2022

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.

David A Ayling
Compliance Manager
Date 10/28/22
Date 10/28/22
Primary Care Giver