

Foster Family Home - Deficiency Report

Provider ID: 1-615263

Home Name: Arlene Agpalza, CNA

Review ID: 1-615263-11

1740 Piikea Street

Reviewer: Po Lim

Honolulu HI 96818

Begin Date: 10/18/2022

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

Date

Date