

Foster Family Home - Deficiency Report

Provider ID: 1-200009

Home Name: Floriefe Agonias, NA

Review ID: 1-200009-7

94-312 Paiwa Street

Reviewer: Po Lim

Waipahu HI 96797

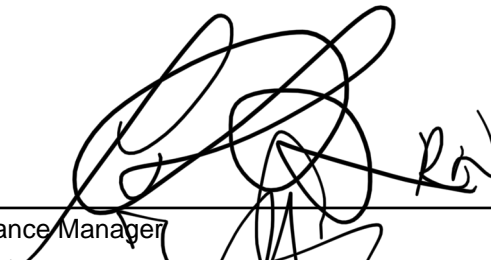
Begin Date: 12/7/2022

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


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

Comment:

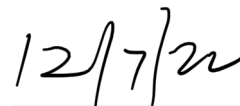
6(d)(1) Unannounced recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



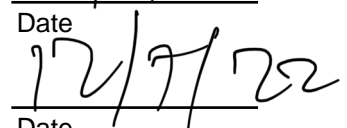
Compliance Manager



Primary Care Giver



Date



Date