

Foster Family Home - Deficiency Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

Review ID: 1-594350-16

94-1006 Halehau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/25/2022

Foster Family Home


Required Certificate


[11-800-6]

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

Comment:

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



Compliance Manager


Primary Care Giver

11/25/22

Date
11/25/22

Date