

Foster Family Home - Deficiency Report

Provider ID: 1-220087

Home Name: Shena Mae Agtarap, NA

Review ID: 1-220087-1

94-1166 Lumikula Street

Reviewer: David Ayling

Waipahu HI 96797

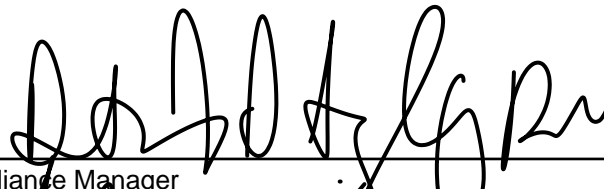
Begin Date: 11/29/2022

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

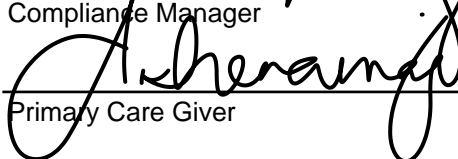
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



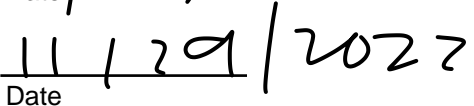
Compliance Manager



Primary Care Giver



Date



Date