

Foster Family Home - Deficiency Report

Provider ID: 1-150006

Home Name: Sonia Agni, CNA

Review ID: 1-150006-12

94-1276 Peke Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

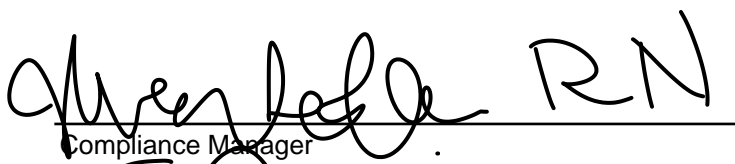
Begin Date: 12/12/2022

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

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

Comment:

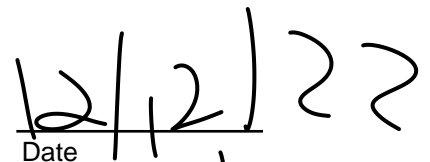
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.

 RN

Compliance Manager



Primary Care Giver



Date



Date