

Foster Family Home - Deficiency Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

Review ID: 1-150056-12

94-536 Hiapaiolo Loop

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/19/2023

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