

# Foster Family Home - Deficiency Report

Provider ID: 1-562258

Home Name: Evelyn Argel, CNA

Review ID: 1-562258-16

94-443 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/6/2023

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

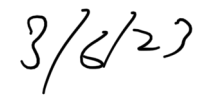
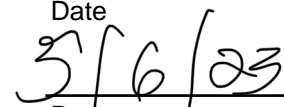
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date