

Foster Family Home - Deficiency Report

Provider ID: 1-160004

Home Name: Leonida Agasid, CNA

Review ID: 1-160004-11

94-1166 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/6/2023

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 recertification inspection.

CCFFH met all the requirements at the time of the inspection.

Maribel Nakamine, RW

Compliance Manager

Leonida Agasid

Primary Care Giver

1/6/23

Date

1/6/23

Date