

Foster Family Home - Deficiency Report

Provider ID: 2-636102

Home Name: Leonora Agbigay, CNA

Review ID: 2-636102-9

293 Kuhilani Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 4/6/2023

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

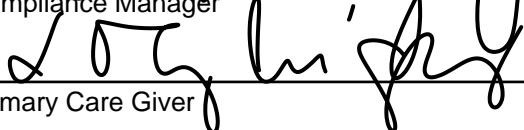
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

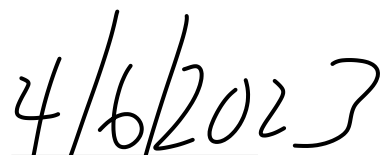
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



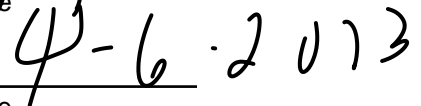
Compliance Manager



Primary Care Giver



Date



Date