

# Foster Family Home - Deficiency Report

Provider ID: 1-180035

Home Name: Mary Rose Agbayani, CNA

Review ID: 1-180035-9

1135 Haloa Drive

Reviewer: Po Lim

Honolulu

HI

96818

Begin Date:

4/28/2023

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