

# Foster Family Home - Deficiency Report

Provider ID: 1-560351

Home Name: Leonor Aglanao, CNA

Review ID: 1-560351-12

94-475 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/8/2023

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

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

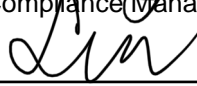
Comment:

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

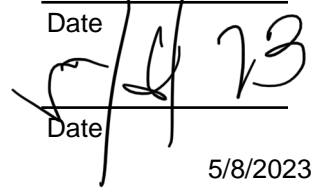


Primary Care Giver



5/8/23

Date



Date