

# Foster Family Home - Deficiency Report

Provider ID: 1-583246

Home Name: Rhoda Agliam, CNA

Review ID: 1-583246-14

94-396 Haaa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/27/2023

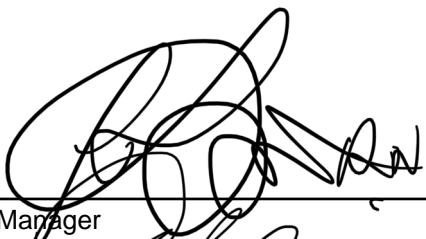
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

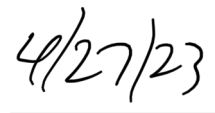
Comment:

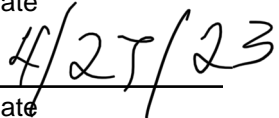
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date