

# Foster Family Home - Deficiency Report

Provider ID: 1-210066

Home Name: Renelyn Diane Agonoy, NA

Review ID: 1-210066-6

94-942 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 5/19/2023

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, M

Compliance Manager

R. Agonoy

Primary Care Giver

5/19/23

Date

5/19/23

Date