

Foster Family Home - Deficiency Report

Provider ID: 1-615263

Home Name: Arlene Agpalza, CNA

Review ID: 1-615263-13

1740 Piikea Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 10/26/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date