

Foster Family Home - Deficiency Report

Provider ID: 1-617798

Home Name: Corazon Agarpao, CNA

Review ID: 1-617798-13

94-1099 Waipahu Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/19/2023

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 3-bed annual inspection.

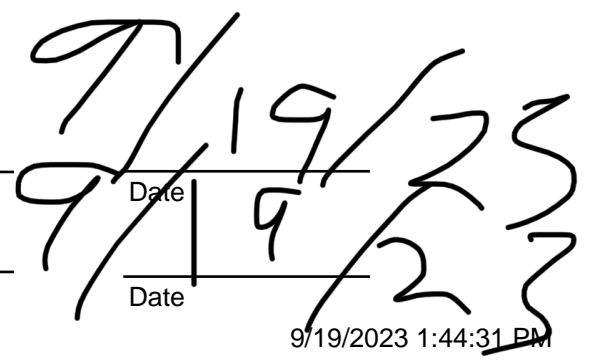
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date

Date