

# Foster Family Home - Deficiency Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

Review ID: 1-593196-16

94-458 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/13/2023


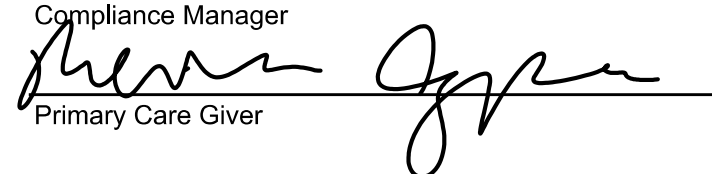
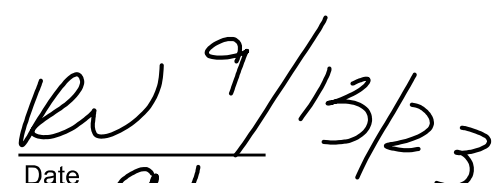
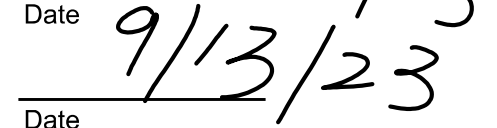
Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

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

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

 _____ Compliance Manager	 _____ Primary Care Giver	 Date 9/13/23
		 Date 9/13/23