

Foster Family Home - Deficiency Report

Provider ID: 1-190010

Home Name: Alona Pagdilao, CNA

Review ID: 1-190010-12

2820 Kalihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/10/2023

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.

Maribel Nakamine 10/10/23
Compliance Manager Date
Alona Pagdilao 10/10/23
Primary Care Giver Date