

Foster Family Home - Deficiency Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

Review ID: 1-594350-18

94-1006 Halehau Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 11/28/2023

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 annual inspection.

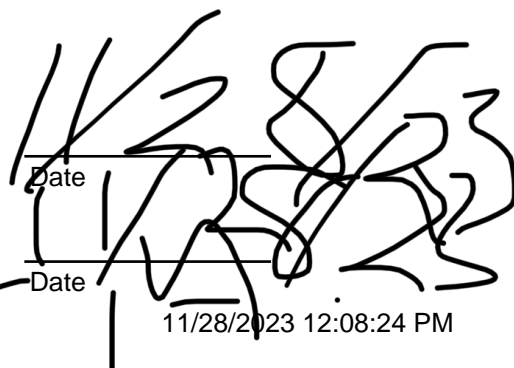
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date
11/28/2023 12:08:24 PM