

Foster Family Home - Deficiency Report

Provider ID: 1-090126

Home Name: Zenaida Agsalda, CNA

Review ID: 1-090126-15

99-060 Nalopaka Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 11/16/2023

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 Date 11/16/23


Primary Care Giver Date 11/16/23