

Foster Family Home - Deficiency Report

Provider ID: 2-559487

Home Name: Gracia Agcaoili, CNA

Review ID: 2-559487-15

168 Kohola Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 1/4/2024

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



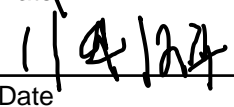
Compliance Manager



Date



Primary Care Giver



Date