

Foster Family Home - Deficiency Report

Provider ID: 1-110006

Home Name: Janet Agbunag, CNA

Review ID: 1-110006-16

1464 Molehu Drive

Reviewer: Ryan Nakamua

Honolulu HI 96818

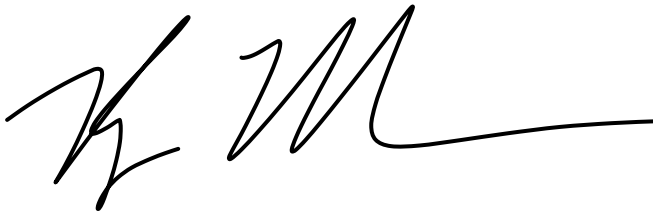
Begin Date: 1/10/2024

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

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

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

1/10/24
Date
1/10/24
Date