

Foster Family Home - Deficiency Report

Provider ID: 2-523325

Home Name: Rudilia Agpoon, CNA

Review ID: 2-523325-17

1639 Kino'ole 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) - Home inspection for a 3 person CCFFH recertification. Currently has only 1 client. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

David A. - RN
Compliance Manager

Rudilia Agpoon
Primary Care Giver

1/4/2024
Date

1-4-2024
Date