

Foster Family Home - Deficiency Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

Review ID: 1-150056-14

94-536 Hiapaiolo Loop

Reviewer: Ryan Nakamua

Waipahu HI 96797


Begin Date: 1/17/2024


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

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

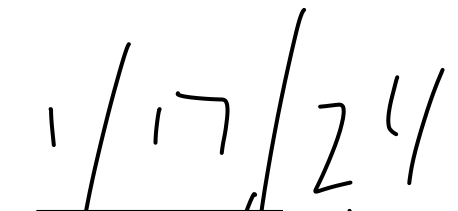
Comment:

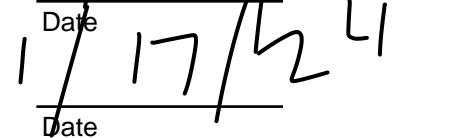
6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date