

Foster Family Home - Deficiency Report

Provider ID: 1-160004

Home Name: Leonida Agasid, CNA

Review ID: 1-160004-14

94-1306 Huakai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/26/2024


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 visit made for a 3 bed annual inspection.


CCFFH met all requirements at the time of the inspection.



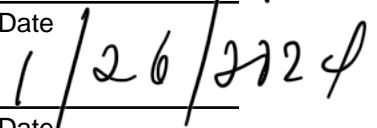
Compliance Manager



Primary Care Giver



Date



Date