

Foster Family Home - Deficiency Report

Provider ID: 1-576241

Home Name: Luz Agustin, CNA

Review ID: 1-576241-15

87-290 Mikana Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 12/7/2023

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

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

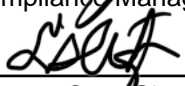
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

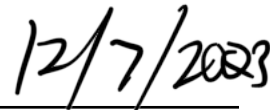
CCFFH met all requirements at the time of the inspection.



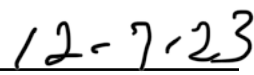
Compliance Manager



Primary Care Giver



Date



Date