

Foster Family Home - Deficiency Report

Provider ID: 1-100054

Home Name: Gloria Agtang, CNA

Review ID: 1-100054-16

1043 Puolo Drive

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 2/28/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

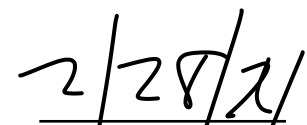
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



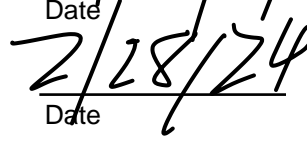
Compliance Manager



Primary Care Giver



Date



Date