

Foster Family Home - Deficiency Report

Provider ID: 1-586232

Home Name: Lucretia Agtarap, CNA

Review ID: 1-586232-14

94-1286 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/25/2024

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 inspection.

Maribel Nakamine, RN 4/25/24
Compliance Manager Date

Lucretia Agtarap 4/25/24
Primary Care Giver Date