

Foster Family Home - Deficiency Report

Provider ID: 1-614108

Home Name: Rowena S. Agustin, CNA

Review ID: 1-614108-15

94-359 Honowai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/16/2024

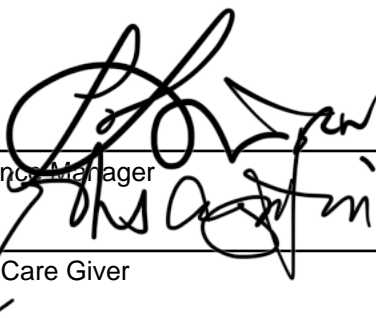
Foster Family Home **Required Certificate** **[11-800-6]**

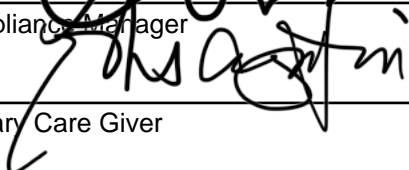
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

2/16/2024
Date
2/16/24
Date