

Foster Family Home - Deficiency Report

Provider ID: 1-120065

Home Name: Estela Aganos, NA

Review ID: 1-120065-16

94-414 Kuahui Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/13/2024

Foster Family Home

Required Certificate

[11-800-6]

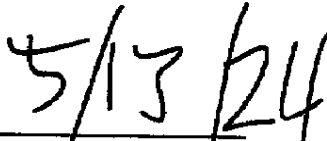
6.(d)(1) Comply with all applicable requirements in this chapter; and

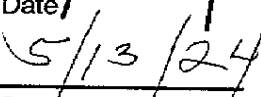
Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.


 Compliance Manager


 Primary Care Giver


 Date


 Date