

Foster Family Home - Deficiency Report

Provider ID: 1-588981

Home Name: Pauline Agluba, RN

Review ID: 1-588981-16

94-536 Niulii Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/26/2024

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 4/26/24
Compliance Manager Date
Pauline Agluba 4/26/24
Primary Care Giver Date