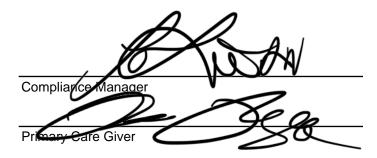
Foster Family Home - Deficiency Report					
Provider ID:	1-090110				
Home Name:	Ronnie Paguyo, CNA			Review ID:	1-090110-16
1348 Gulick Avenue				Reviewer:	Po Lim
Honolulu		HI	96819	Begin Date:	6/13/2024
Foster Family Home Required Certific		ate	[11-800-6]		
6.(d)(1) Comply with all applicable requirements 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.



Date 2

6/13/2024 11:37:58 AM