

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 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


Date


Date