

Foster Family Home - Deficiency Report

Provider ID: 1-200071

Home Name: Maria Nimfa Agbayani, CNA

Review ID: 1-200071-10

94-280 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/1/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager Date 8/1/24



Primary Care Giver Date 8/1/24