

# Foster Family Home - Deficiency Report

Provider ID: 1-220087

Home Name: Shena Mae Agtarap, CNA

Review ID: 1-220087-6

94-249 Paiwa Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 8/22/2024

Foster Family Home

Required Certificate

[11-800-6]


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

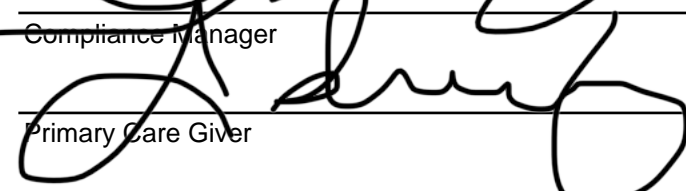
Comment:

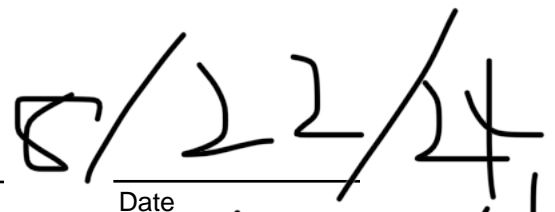
6.d.1- Unannounced visit made for a 3-bed annual inspection.

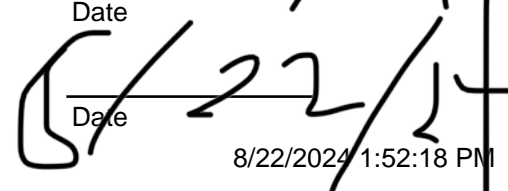
CCFFH met all requirements at the time of the inspection.

PCG requests to increase to 3-bed CCFFH

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date