

# Foster Family Home - Deficiency Report

Provider ID: 1-190010

Home Name: Alona Pagdilao, CNA

Review ID: 1-190010-14

2820 Kalihi Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 10/24/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

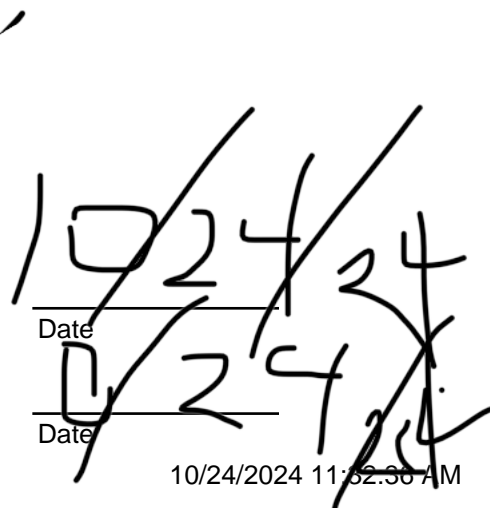
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



Date

Date