

Foster Family Home - Deficiency Report

Provider ID: 1-180002

Home Name: Kristel Charm Abrogena, CNA Review ID: 1-180002-15

94-245 Pupukoa Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 11/14/2024

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.

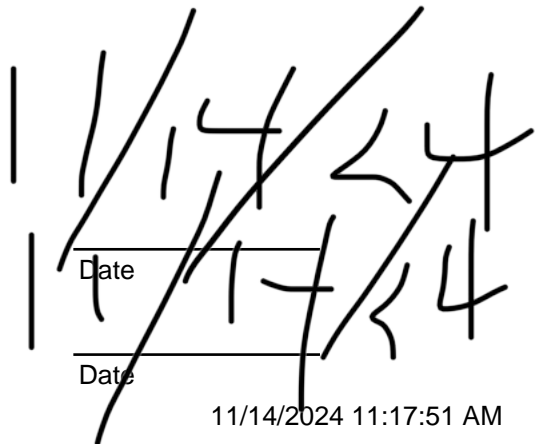
CCFFH met all requirements at the time of the inspection.



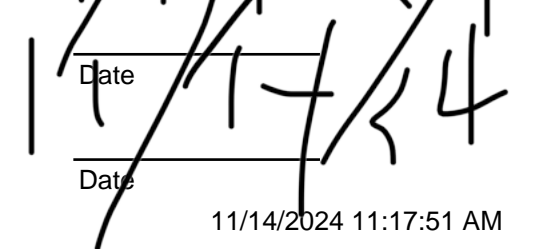
Compliance Manager



Primary Care Giver



Date



Date