

# Foster Family Home - Deficiency Report

Provider ID: 1-240009

Home Name: Lailene Evelyn Agbisit, CNA

Review ID: 1-240009-1

94-1072 Lumiaina Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/20/2024

Foster Family Home


Required Certificate

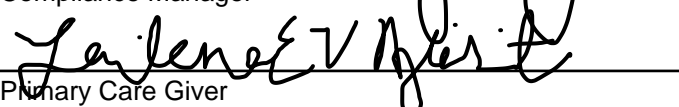
[11-800-6]

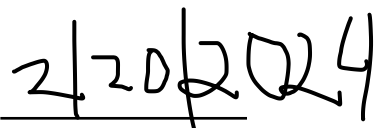
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date