

Foster Family Home - Deficiency Report

Provider ID: 1-560351

Home Name: Leonor Aglanao, CNA

Review ID: 1-560351-14

94-475 Hamau Street

Reviewer: Ryan Nakamua

Waipahu HI 96797


Begin Date: 5/7/2024


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 annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver

5/7/24

Date
5/7/24

Date