

Foster Family Home - Deficiency Report

Provider ID: 1-576241

Home Name: Luz Agustin, CNA

Review ID: 1-576241-17

87-290 Mikana Street

Reviewer: Deborah Baumgart

Waianae HI 96792

Begin Date: 11/21/2024


Foster Family Home **Required Certificate** **[11-800-6]**

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

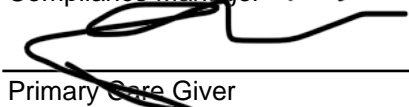
Comment:

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

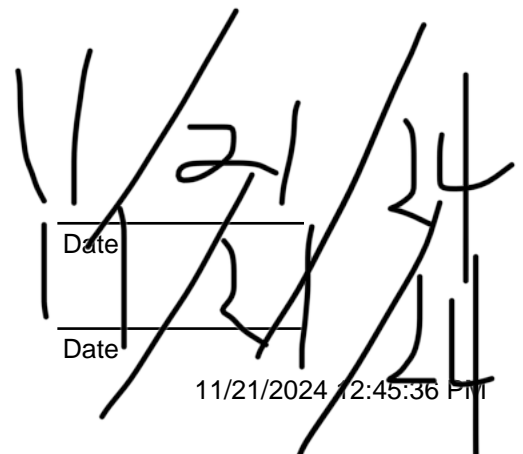
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date

Date