

Foster Family Home - Deficiency Report

Provider ID: 1-200046

Home Name: Carly Abrogena, NA

Review ID: 1-200046-8

91-1068 Koka Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 12/18/2024

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

12/18/2024

Date
12/18/2024

Date