

Foster Family Home - Deficiency Report

Provider ID: 1-160014

Home Name: Krystle Agaton, LPN

Review ID: 1-160014-19

91-1316 Hoopio Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/10/2025

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

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

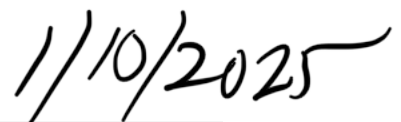
Comment:

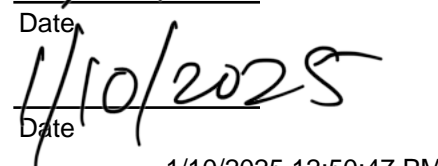
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date