

Foster Family Home - Deficiency Report

Provider ID: 1-560351

Home Name: Leonor Aglanao, CNA

Review ID: 1-560351-16

94-475 Hamau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/18/2025


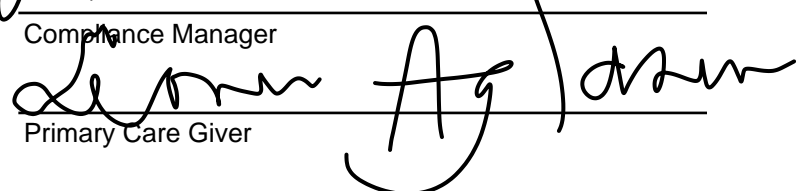
Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

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

Comment:

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

CCFFH met all requirements at the time of inspection.

		6/18/25
Compliance Manager		Date
		6/18/25
Primary Care Giver		Date