

# Foster Family Home - Deficiency Report

Provider ID: 1-220075

Home Name: Suerte Grace Agcaoili, CNA

Review ID: 1-220075-7

91-1122 Kuhina Street

Reviewer: Ryan Nakamura

Ewa Beach

HI

96706

Begin Date: 7/31/2025

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

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date