

Foster Family Home - Deficiency Report

Provider ID: 1-220088

Home Name: Angel Leah Agbisit, RN

Review ID: 1-220088-9

1454 Middle Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 8/7/2025

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