

# Foster Family Home - Deficiency Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

Review ID: 1-593196-20

94-458 Opeha Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 9/11/2025

Foster Family Home

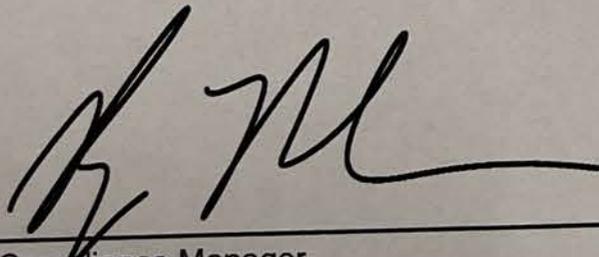
Required Certificate

[11-800-6]

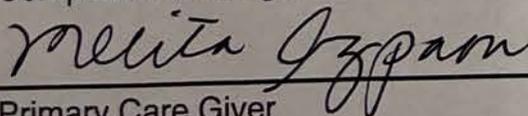
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

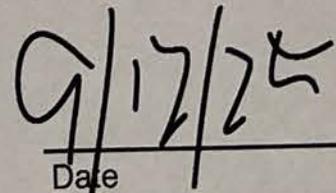
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



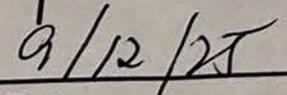
Compliance Manager



Primary Care Giver



Date



Date