

Foster Family Home - Deficiency Report

Provider ID: 1-220087

Home Name: Shena Mae Agtarap, CNA

Review ID: 1-220087-9

2134 Aluka Loop

Reviewer: Po Lim

Pearl City HI 96782


Begin Date: 10/3/2025

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


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

Comment:

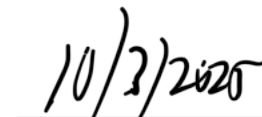
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



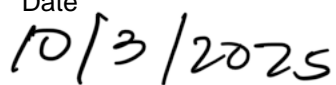
Compliance Manager



Primary Care Giver



Date



Date