

Foster Family Home - Deficiency Report

Provider ID: 1-634354

Home Name: Sonia Pagdilao, CNA

Review ID: 1-634354-19

1046-A Morris Lane

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 9/18/2025

Foster Family Home

Required Certificate

[11-800-6]

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

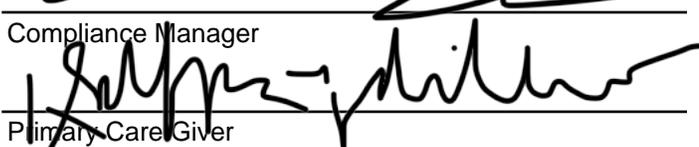
Comment:

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

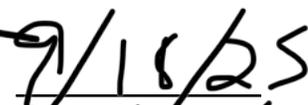
CCFFH met all requirements at the time of the inspection.



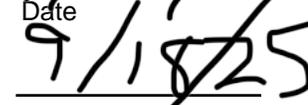
Compliance Manager



Primary Care Giver



Date



Date