

Foster Family Home - Deficiency Report

Provider ID: 1-190010

Home Name: Alona Pagdilao, CNA

Review ID: 1-190010-16

2820 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/25/2025

Foster Family Home


Required Certificate

[11-800-6]


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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver

11/25/2025
Date

11-25-25
Date