

Foster Family Home - Deficiency Report

Provider ID: 2-120075

Review ID: 2-120075-21

Home Name: Edeus Agbalog, CNA

Reviewer: Ryan Nakamura

27-214 Moirton Camp Road B

Begin Date: 6/3/2026

Papaikou

HI 96781

[11-800-6]

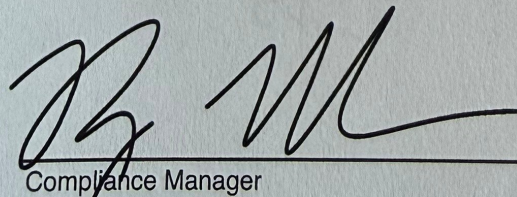
Foster Family Home

Required Certificate

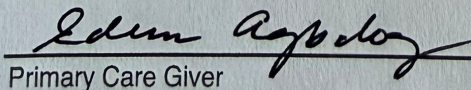
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

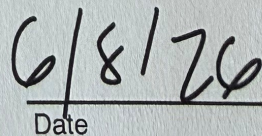
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



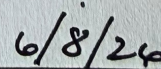
Compliance Manager



Primary Care Giver



Date



Date