Foster Family Home - Deficiency Report

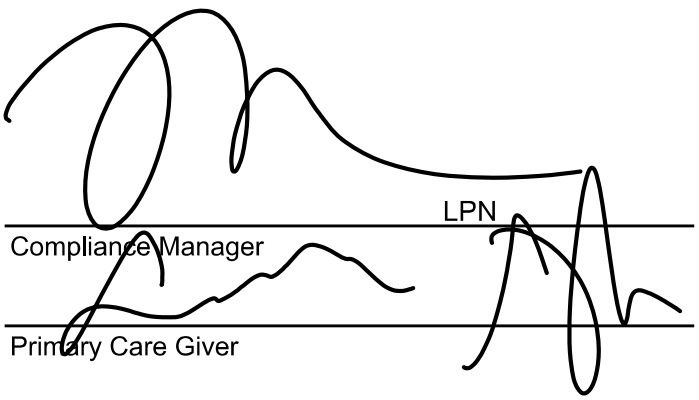
Provider ID:	**1-560351**		
Home Name:	**Leonor Aglanao, CNA**	**Review ID:**	**1-560351-17**
94-475 Hamau Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	6/23/2026

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 annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action is required.



LPN

Compliance Manager

06/23/2026

Date

Primary Care Giver

06/23/2026

Date