Foster Family Home - Deficiency Report

Provider ID:	**1-250062**		
Home Name:	**Vilma Agustin, CNA**	**Review ID:**	**1-250062-2**
1822 H. Beckley Street		Reviewer:	David Ayling
Honolulu HI 96819		Begin Date:	5/21/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Currently, has only 1 client. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Compliance Manager — Date 5/21/2026

Primary Care Giver — Date 5/21/2026