

Foster Family Home - Corrective Action Report

Provider ID: 1-170016

Home Name: Grace Rarangol, CNA

Review ID: 1-170016-5

94-109 Poluhi Way

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/18/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.
Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, M
Compliance Manager

2/18/2020

Grace Rarangol
Primary Care Giver

Date

2/18/2020

Date