

Foster Family Home - Corrective Action Report

Provider ID: 1-170016

Home Name: Grace Rarangol, CNA

Review ID: 1-170016-7

94-069 Poailani Circle

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/26/2021

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

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

Comment:

Annual inspection for a 2 person CCFFH completed.

No deficiencies found.

Maribel Nakamine, RN 2/26/2021
Compliance Manager Date
Grace Rarangol 2/26/2021
Primary Care Giver Date