

Foster Family Home - Deficiency Report

Provider ID: 1-150071

Home Name: Elena Laragan, CNA

Review ID: 1-150071-10

91-702 Kilinahe Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/2/2021

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

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


Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.



Compliance Manager



Primary Care Giver

11/2/21
Date

11/2/21
Date