

Foster Family Home - Deficiency Report

Provider ID: 1-513095

Home Name: Gina Fagaragan, CNA

Review ID: 1-513095-7

94-473 Kalukalu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/14/2021

Foster Family Home


Required Certificate


[11-800-6]

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

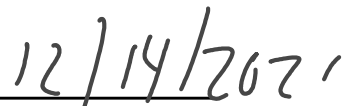
Comment:

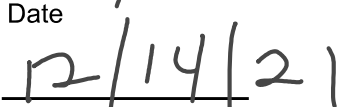
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager


Primary Care Giver



Date


Date