

# Foster Family Home - Deficiency Report

Provider ID: 1-170016

Home Name: Grace Rarangol, CNA

Review ID: 1-170016-9

94-069 Poailani Circle

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/8/2022

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

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

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Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

*Maribel Nakamine, RA*  
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Compliance Manager  
*Grace Rarangol*  
\_\_\_\_\_  
Primary Care Giver

*2/8/22*  
\_\_\_\_\_  
Date  
*2/8/22*  
\_\_\_\_\_  
Date