

Foster Family Home - Deficiency Report

Provider ID: 1-584020

Home Name: Renelda Raposas, CNA

Review ID: 1-584020-10

1261 Hooli Circle

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/18/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

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

Maribel Nakamine, CW 2/18/22
Compliance Manager Date
Raposas 2/18/22
Primary Care Giver Date