

Foster Family Home - Deficiency Report

Provider ID: 4-510835

Home Name: Norma Ragasa, CNA

Review ID: 4-510835-9

156 Kealahilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/5/2022

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

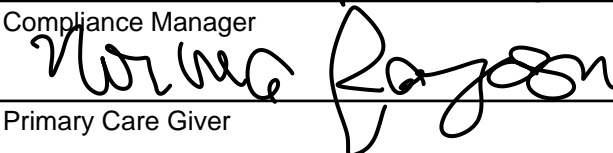
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

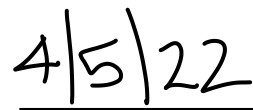
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date