

# Foster Family Home - Deficiency Report

Provider ID: 1-200033

Home Name: Elsie Grace M. Rasalan, CNA

Review ID: 1-200033-5

94-406 Kahualena Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 5/11/2022

Foster Family Home

Required Certificate

[11-800-6]

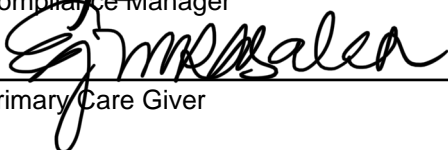
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

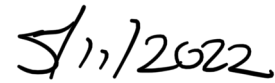
6(d)(1) Unannounced recertification or annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



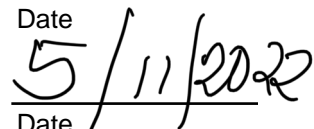
Compliance Manager



Primary Care Giver



Date



Date