

# Foster Family Home - Deficiency Report

Provider ID: 1-150071

Home Name: Elena Laragan, CNA

Review ID: 1-150071-12

91-702 Kilinahe Street

Reviewer: Po Lim

Ewa Beach HI 96706

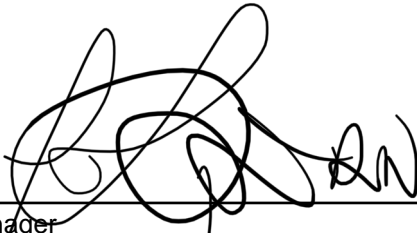
Begin Date: 10/5/2022


**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 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

10/5/22  
Date

10/05/22  
Date