

Foster Family Home - Deficiency Report

Provider ID: 1-170060

Home Name: Raquel Fagaragan, CNA

Review ID: 1-170060-10

94-1047 Kuhaulua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/28/2022

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 conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

Compliance Manager

Primary Care Giver

7/28/22

Date
7/28/22
Date