

Foster Family Home - Deficiency Report

Provider ID: 1-617912

Home Name: Raymond Garcia, RN

Review ID: 1-617912-16

92-7107 Elele Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 3/17/2023

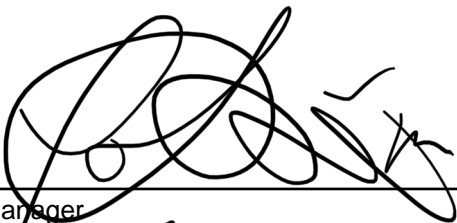
Foster Family Home **Required Certificate** **[11-800-6]**

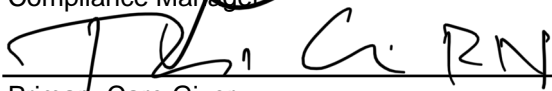
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

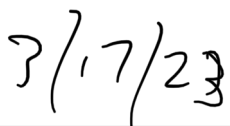
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

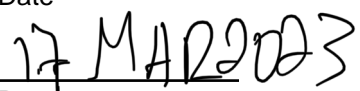
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date