

# Foster Family Home - Deficiency Report

Provider ID: 4-619299

Home Name: Arceli Remogat, NA

Review ID: 4-619299-16

181 West Lanai Street

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 3/28/2023

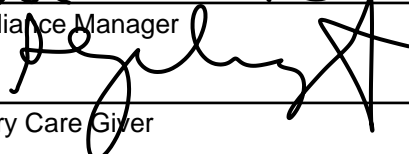
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

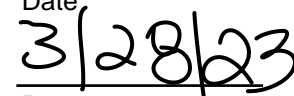
Comment:

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

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date