

Foster Family Home - Deficiency Report

Provider ID: 1-170016

Home Name: Grace Rarangol, CNA

Review ID: 1-170016-11

94-069 Poailani Circle

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/10/2023

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

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

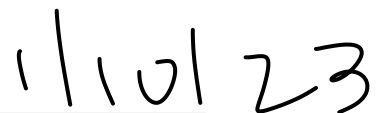
Comment:

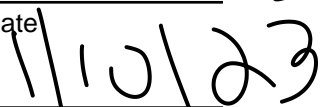
6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



Compliance Manager


Primary Care Giver



Date


Date