

Foster Family Home - Deficiency Report

Provider ID: 1-518714

Home Name: Imelda Fagaragan, CNA

Review ID: 1-518714-15

94-1167 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/14/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.


Compliance Manager

Primary Care Giver

Date 6/14/23
Date 6/14/23