

Foster Family Home - Deficiency Report

Provider ID: 1-150071

Home Name: Elena Laragan, CNA

Review ID: 1-150071-14

91-702 Kilinahe Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/11/2023


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

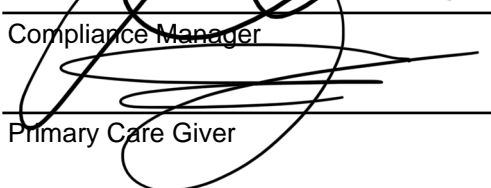
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

10/11/2023

Date

10/11/2023

Date