

Foster Family Home - Deficiency Report

Provider ID: 1-513095

Home Name: Gina Fagaragan, CNA

Review ID: 1-513095-11

94-473 Kalukalu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/2/2023

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

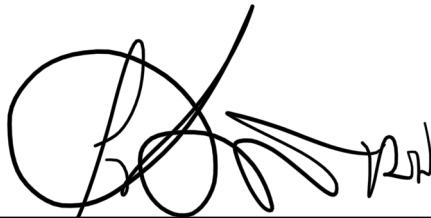
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

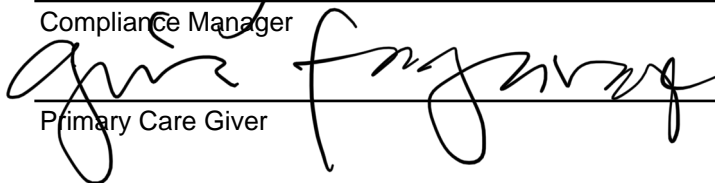
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection/visit.

CCFFH is applying for increase from 2 beds to 3 beds.



Compliance Manager



Primary Care Giver

10/2/2023

Date

10/2/2023

Date