

Foster Family Home - Deficiency Report

Provider ID: 1-589393

Home Name: Regina Rader, CNA

Review ID: 1-589393-16

94-291 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/20/2023

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


Date


Date