

Foster Family Home - Deficiency Report

Provider ID: 1-170016

Home Name: Grace Rarangol, CNA

Review ID: 1-170016-13

94-069 Poailani Circle

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 1/16/2024

Foster Family Home

Required Certificate

[11-800-6]

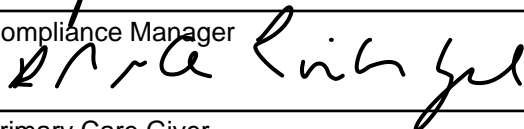
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

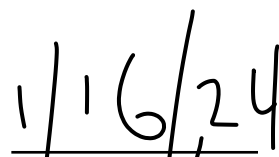
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



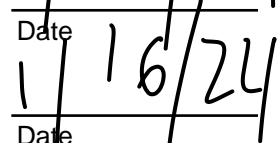
Compliance Manager



Primary Care Giver



Date



Date