

Foster Family Home - Deficiency Report

Provider ID: 4-619299

Home Name: Arceli Remogat, NA

Review ID: 4-619299-18

181 West Lanai Street

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 3/21/2024

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 annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

3 | 21 | 24

Date
3 | 21 | 24

Date