

Foster Family Home - Deficiency Report

Provider ID: 4-510835

Home Name: Norma Ragasa, CNA

Review ID: 4-510835-13

156 Kealahilani Street

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 2/21/2024

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

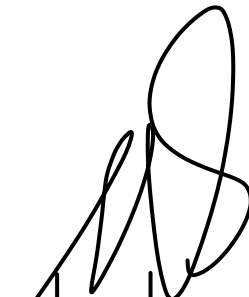
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



2/21/24

Date



Primary Care Giver

2/21/24

Date