

Foster Family Home - Deficiency Report

Provider ID: 1-200033

Home Name: Elsie Grace M. Rasalan, CNA

Review ID: 1-200033-9

94-406 Kahualena Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/26/2024

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

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

Comment:

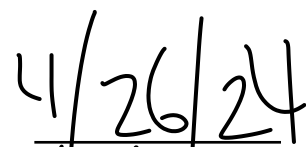
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date