

Foster Family Home - Deficiency Report

Provider ID: 1-617912

Home Name: Raymond Garcia, RN

Review ID: 1-617912-18

92-7107 Elele Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 4/29/2024

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 visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

R. Garcia, RN

Compliance Manager

Primary Care Giver

Date

Date