

Foster Family Home - Deficiency Report

Provider ID: 1-180001

Home Name: Charlene Joy B. Bragado,
CNA

Review ID: 1-180001-16

94-1122 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/22/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN *10/22/24*

Compliance Manager Date
[Signature] *10/22/24*

Primary Care Giver Date