

Foster Family Home - Deficiency Report

Provider ID: 1-170060

Home Name: Raquel Fagaragan, CNA

Review ID: 1-170060-16

94-1047 Kuhaulua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/23/2025

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.


Compliance Manager


Primary Care Giver


Date


Date