

Foster Family Home - Deficiency Report

Provider ID: 1-150071

Home Name: Elena Laragan, CNA

Review ID: 1-150071-18

91-702 Kilinahe Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 10/16/2025

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

10/16/25
Date

10/16/25
Date