

# Foster Family Home - Deficiency Report

Provider ID: 1-200033

Home Name: Elsie Grace M. Rasalan, CNA

Review ID: 1-200033-14

94-1521 Waipahu Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/30/2026

Foster Family Home

Required Certificate

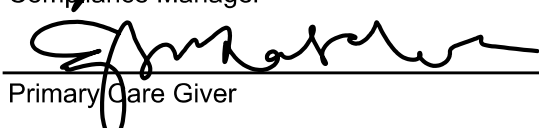
[11-800-6]


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

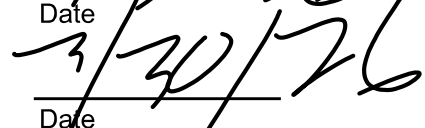
Comment:

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.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date