

Foster Family Home - Deficiency Report

Provider ID: 1-513095

Home Name: Gina Fagaragan, CNA

Review ID: 1-513095-15

94-473 Kalukalu Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 11/24/2025

Foster Family Home

Required Certificate


[11-800-6]

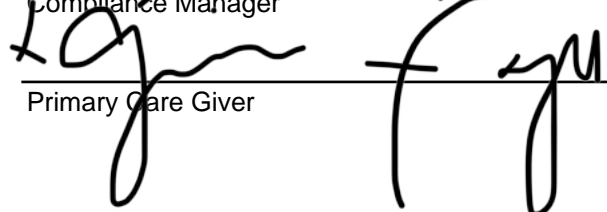
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

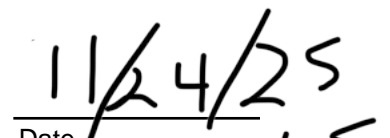
6.d.1- Unannounced visit made for a 3-bed annual inspection.

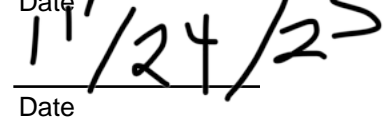
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date