

Foster Family Home - Deficiency Report

Provider ID: 4-510835

Home Name: Norma Ragasa, CNA

Review ID: 4-510835-17

156 Kealohilani Street

Reviewer: David Ayling

Kahului HI 96732

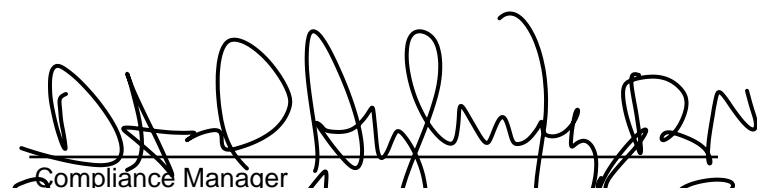
Begin Date: 3/17/2026

Foster Family Home **Required Certificate** **[11-800-6]**

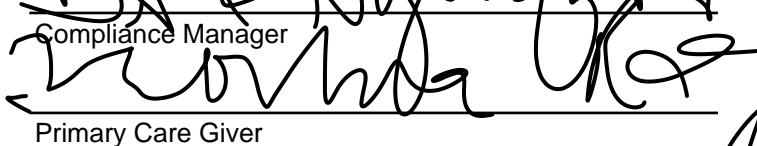
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

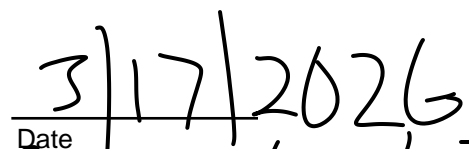
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver



Date



Date