Foster Family Home - Deficiency Report

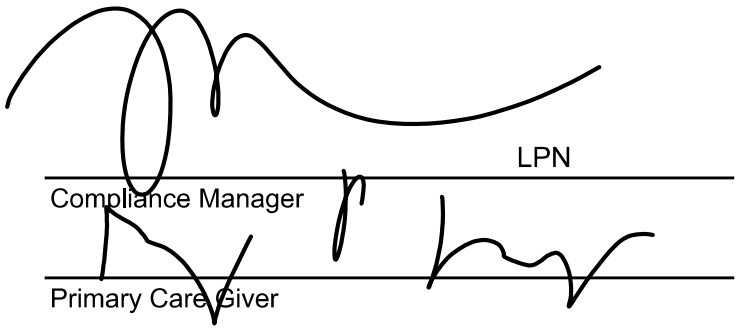
Provider ID:	**1-260026**		
Home Name:	**Geoffrey Fagaragan, NA**	**Review ID:**	**1-260026-1**
94-1088 Farrington Hwy		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	5/22/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action is required.



LPN

Compliance Manager 05/22/2026
Date

Primary Care Giver 05/22/2026
Date