

Foster Family Home - Deficiency Report

Provider ID: 1-200036

Home Name: Malcolm Angelo Ibero, NA

Review ID: 1-200036-3

99-564 Huakanu Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 7/27/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

Maribel Nakamine, RW 7/27/2021

Compliance Manager

Date

Malcolm Ibero

7/27/2021

Primary Care Giver

Date