

Foster Family Home - Deficiency Report

Provider ID: 1-160028

Home Name: Mariedel Garingo, CNA

Review ID: 1-160028-10

1334 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 7/12/2021

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 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, Rsw 7/12/2021

Compliance Manager

Date

mgaringo

7/12/2021

Primary Care Giver

Date