

# Foster Family Home - Deficiency Report

Provider ID: 1-090070

Home Name: Gina Mauricio, CNA

Review ID: 1-090070-11

1652 Kalauipo Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/18/2021

**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, RN*      8/18/2021

Compliance Manager

Date

*[Signature]*      SCG for Gina  
Primary Care Giver      MAURICIO

8/18/21

Date