

Foster Family Home - Deficiency Report

Provider ID: 1-110071

Home Name: Cynthia Gima, CNA

Review ID: 1-110071-11

1320 Anapa Street

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 9/10/2021

Foster Family Home

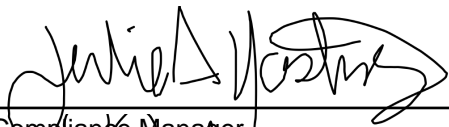
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager

9/10/2021

Date



Primary Care Giver

9/10/2021

Date