

# Foster Family Home - Deficiency Report

Provider ID: 1-512394

Home Name: Gloria Cabanero, CNA

Review ID: 1-512394-8

94-513 Alpine Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/14/2021

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

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

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Comment:

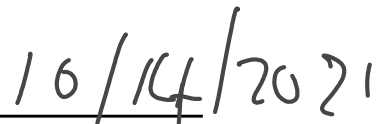
6.(d)(1) - Home inspection for a 2 person CCFFH recertification.      All requirements were met at the time of inspection.  
Home will receive a 2 bed certification.



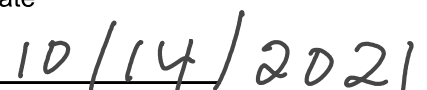
Compliance Manager



Primary Care Giver



Date



Date