

# Foster Family Home - Deficiency Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-11

91-107 Haiea Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


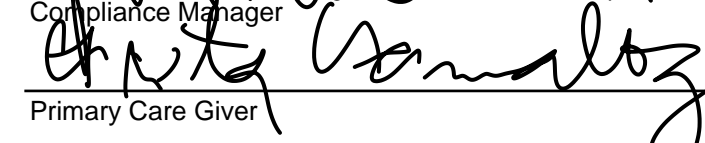
Begin Date: 11/30/2021

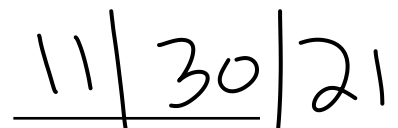
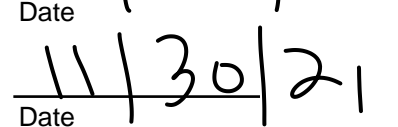
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.  
CCFFH voluntarily decrease to 2 client CCFFH

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date