

Foster Family Home - Deficiency Report

Provider ID: 1-210087

Home Name: Marnellie Gabriel, NA

1916 Kealoha Street

Honolulu

HI 96819

Review ID: 1-210087-1

Reviewer: David Ayling

Begin Date: 12/23/2021

Foster Family Home

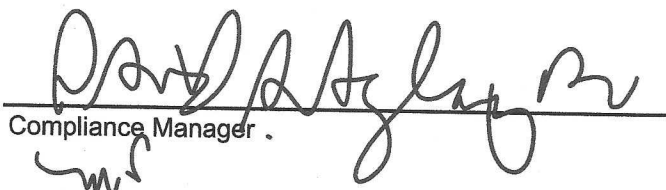
Required Certificate

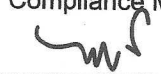
[11-800-6]

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

Comment:

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


Compliance Manager


Primary Care Giver

12/23/2021
Date

12/23/2021
Date