

# Foster Family Home - Deficiency Report

Provider ID: 1-090105

Home Name: Florence Gaygay, CNA

Review ID: 1-090105-11

1139 Ukana Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 4/18/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, RW 4/18/22  
Compliance Manager Date  
Florence Gaygay 4/18/22  
Primary Care Giver Date