

# Foster Family Home - Deficiency Report

Provider ID: 1-190017

Home Name: Gloria Zafaralla, CNA

Review ID: 1-190017-3

3554 Likini Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 4/19/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - 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

  
Date

  
Date