

Foster Family Home - Deficiency Report

Provider ID: 1-160046

Home Name: Virgie Garo, CNA

Review ID: 1-160046-9

37 Cypress Avenue, #37A

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 3/22/2022

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, CV *3/22/22*

Compliance Manager

Date

[Signature]

Primary Care Giver

3-22-22

Date