

# Foster Family Home - Deficiency Report

Provider ID: 2-200076

Home Name: Maribeth Galamay, CNA

Review ID: 2-200076-3

317 Iliahi Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 5/23/2022

| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

  
Compliance Manager

  
Primary Care Giver

  
Date

Date