

Foster Family Home - Deficiency Report

Provider ID: 1-591356

Home Name: Gloria Aves, CNA

Review ID: 1-591356-11

98-1519 Hoomahie Loop

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/8/2022

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, RN 6/8/22

Compliance Manager

Date

[Signature]

6/8/22

Primary Care Giver

Date