

# Foster Family Home - Deficiency Report

Provider ID: 1-513079

Home Name: Glenda Felix, CNA

Review ID: 1-513079-10

94-1247 Kahuaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/17/2022

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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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*      6/17/22

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

*Glenda M. Felix*

*6/17/22*

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date