

Foster Family Home - Deficiency Report

Provider ID: 1-512906

Home Name: Belinda Galinato, LPN

Review ID: 1-512906-11

94-653 Kupuna Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 6/28/2022

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 annual inspection conducted. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No Deficiency Report issued.



Compliance Manager


Primary Care Giver



Date


Date