

Foster Family Home - Deficiency Report

Provider ID: 1-110071

Home Name: Cynthia Gima, CNA

Review ID: 1-110071-13

1320 Anapa Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 6/29/2022

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