

Foster Family Home - Deficiency Report

Provider ID: 1-587686

Home Name: Gladys Asuncion, CNA

Review ID: 1-587686-18

94-446 Kahualoa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/5/2022

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, M *8/5/22*

Compliance Manager

Date

Gladys R. Asuncion

Primary Care Giver

8/5/22

Date