

# Foster Family Home - Deficiency Report

Provider ID: 1-160060

Home Name: Aristopher Gabriel, CNA

Review ID: 1-160060-9

94-1117 Hapawalu Place

Reviewer: Po Lim

Waipahu HI 96797

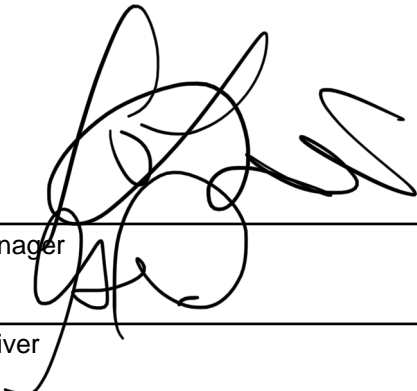
Begin Date: 9/15/2022

**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 made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

9/15/22  
\_\_\_\_\_  
Date  
9/15/22  
\_\_\_\_\_  
Date