

# Foster Family Home - Deficiency Report

Provider ID: 1-110062

Home Name: Frances Gay-ya, CNA

Review ID: 1-110062-19

1931 Kalihi Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 9/1/2022

Foster Family Home

Required Certificate

[11-800-6]

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

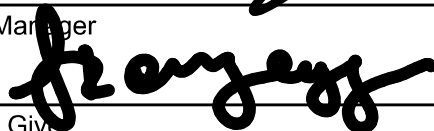
Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

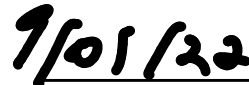
CCFFH is in compliance with all requirements.



Compliance Manager



Primary Care Giver



Date



Date