

Foster Family Home - Deficiency Report

Provider ID: 1-100107

Home Name: Mariefe Galvez, RN

Review ID: 1-100107-12

2361 Ahaiki Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 9/2/2022


Foster Family Home **Required Certificate** **[11-800-6]**

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

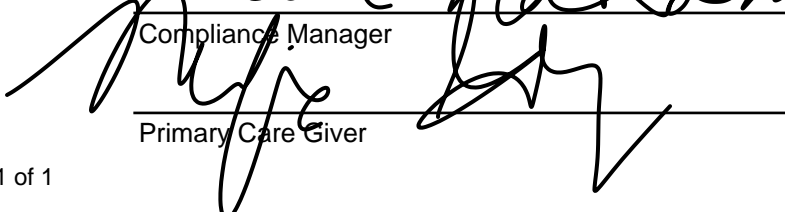
Comment:

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

CCFFH is in compliance with all requirements.



Compliance Manager Date 9/2/22



Primary Care Giver Date 9/2/22