

Foster Family Home - Deficiency Report

Provider ID: 1-150081

Home Name: Marivic Gallardo, CNA

Review ID: 1-150081-8

860 Hoomoana Way

Reviewer: David Ayling

Pearl City HI 96782

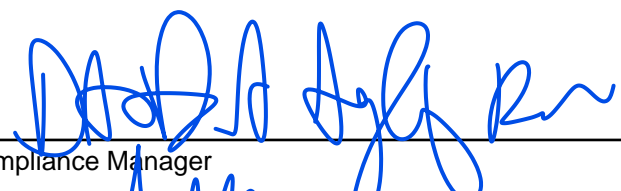
Begin Date: 8/29/2022

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

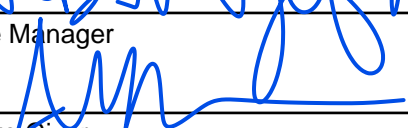
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

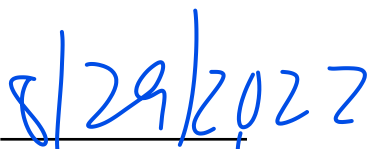
6.(d)(1) - Home inspection for a new 1 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.




Compliance Manager



Primary Care Giver



Date



Date