

Foster Family Home - Deficiency Report

Provider ID: 1-190075

Home Name: Marie Alane Garrido, NA

Review ID: 1-190075-7

271 Kaliponi Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

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 conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, LC 9/15/22
Compliance Manager Date
Shawn Law 9/15/22
Primary Care Giver Date