

Foster Family Home - Deficiency Report

Provider ID: 1-210087

Home Name: Marnellie Gabriel, NA

Review ID: 1-210087-3

1916 Kealoha Street

Reviewer: Jackie Chamberlain

Honolulu

HI

96819

Begin Date:

9/27/2022

Foster Family Home

Required Certificate



[11-800-6]

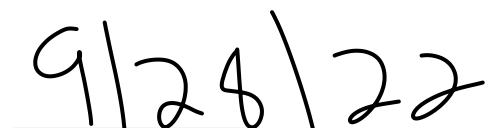

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.


Compliance Manager

Primary Care Giver


Date

Date