

Foster Family Home - Deficiency Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-12

2776 B Kalihi Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 12/16/2022

Foster Family Home

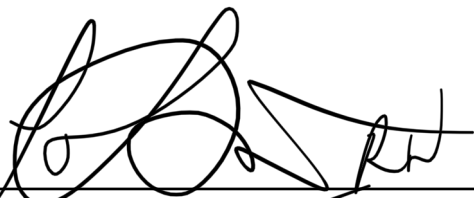
Required Certificate

[11-800-6]


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

Comment:

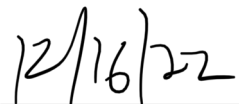
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



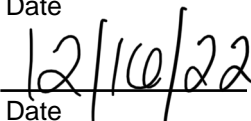
Compliance Manager



Primary Care Giver



Date



Date