

Foster Family Home - Deficiency Report

Provider ID: 1-613035

Home Name: Thelma Giron, CNA

Review ID: 1-613035-12

94-1039 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/10/2022


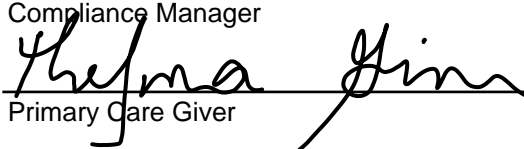
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

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

 _____ Compliance Manager	 _____ Primary Care Giver	<u>12/10/22</u> Date	<u>12/16 / 22</u> Date
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