

# Foster Family Home - Deficiency Report

Provider ID: 1-170046

Home Name: Brigeth Gamiao, CNA

Review ID: 1-170046-9

94-1288 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/13/2023

**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 home visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RC      4/13/23  
Compliance Manager      Date  
[Signature]      4/13/23  
Primary Care Giver      Date