

# Foster Family Home - Deficiency Report

Provider ID: 1-230015

Home Name: Gloria Raval, NA

Review ID: 1-230015-1

94-1017 Awanani Street

Reviewer: David Ayling

Waipahu HI 96797


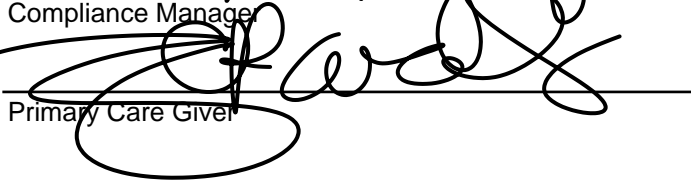
Begin Date: 2/23/2023

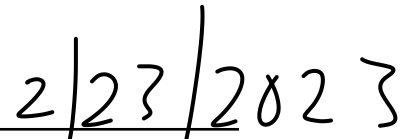

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date  
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