

Foster Family Home - Deficiency Report

Provider ID: 1-160046

Home Name: Virgie Garo, CNA

Review ID: 1-160046-11

37 Cypress Avenue, #37A

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 3/22/2023

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 visit made for a 3-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



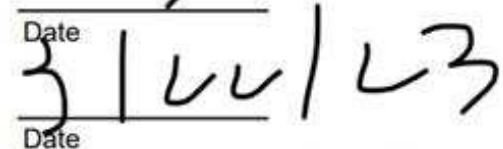
Compliance Manager



Primary Care Giver



Date



Date