

Foster Family Home - Deficiency Report

Provider ID: 1-623472

Home Name: Vivian Gamiao, CNA

Review ID: 1-623472-12

91-1092 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

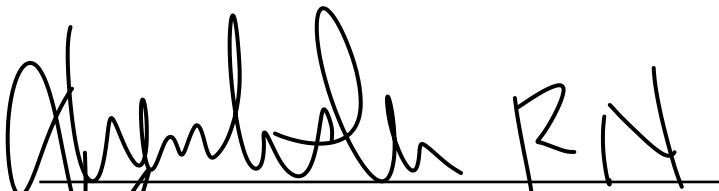
Begin Date: 4/16/2023

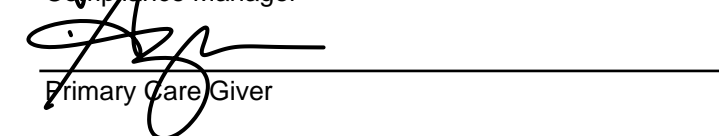
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.


Compliance Manager


Primary Care Giver

4/18/23
Date

4/18/23
Date