

Foster Family Home - Deficiency Report

Provider ID: 1-110071

Home Name: Cynthia Gima, CNA

Review ID: 1-110071-15

1320 Anapa Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 6/5/2023

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 visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date

6/5/23

6/5/23