

Foster Family Home - Deficiency Report

Provider ID: 1-512310

Home Name: Grace Constantino-Reyes,
CNA

Review ID: 1-512310-11

94-586 Palai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/7/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, RW 7/7/22

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

7/7/22