

# Foster Family Home - Deficiency Report

Provider ID: 1-230040

Home Name: Charmaine Fabro, CNA

Review ID: 1-230040-1

1582 Lehua Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 6/20/2023

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.

David A. Ayling RN  
Compliance Manager

CFabro  
Primary Care Giver

6/20/2023  
Date

6/20/2023  
Date