

# Foster Family Home - Deficiency Report

Provider ID: 1-510736

Home Name: Carmelita Gasilos, NA

Review ID: 1-510736-1

4354 Likini Street

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 6/27/2023

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  
Compliance Manager

Carmelita Gasilos  
Primary Care Giver

6/27/23  
Date

6/27/23  
Date