

Foster Family Home - Deficiency Report

Provider ID: 1-160028

Home Name: Mariedel Garingo, CNA

Review ID: 1-160028-14

1334 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/29/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RW 6/29/23
Compliance Manager Date
Mariedel Garingo 6/29/23
Primary Care Giver Date