

# Foster Family Home - Deficiency Report

Provider ID: 1-100107

Home Name: Mariefe Galvez, RN

Review ID: 1-100107-14

2361 Ahaiki Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/3/2023

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

Marife Galvez

Primary Care Giver

8/3/23  
Date

8/3/23  
Date