

Foster Family Home - Deficiency Report

Provider ID: 1-160060

Home Name: Aristopher Gabriel, CNA

Review ID: 1-160060-11

94-1117 Hapawalu Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/25/2023

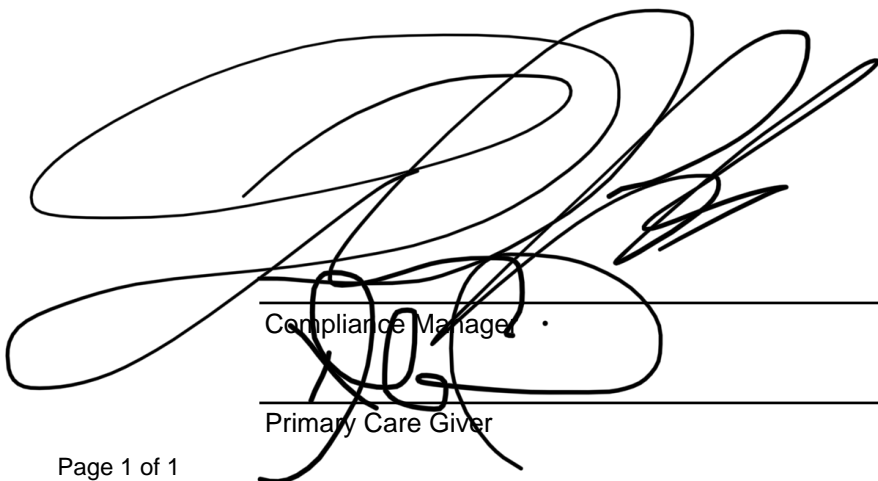
Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

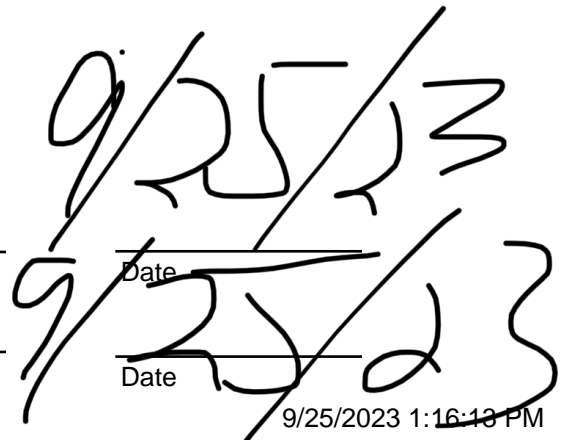
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



Date

Date
9/25/2023 1:16:13 PM