

# Foster Family Home - Deficiency Report

Provider ID: 1-090070

Home Name: Gina Mauricio, CNA

Review ID: 1-090070-17

94-450 Kiau Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/21/2023

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

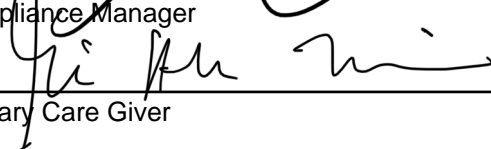
6.(d)(1) Comply with all applicable requirements in this chapter; and

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Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date