

Foster Family Home - Deficiency Report

Provider ID: 1-150081

Home Name: Marivic Gallardo, CNA

Review ID: 1-150081-10

860 Hoomoana Way

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 11/29/2023

Foster Family Home



Required Certificate

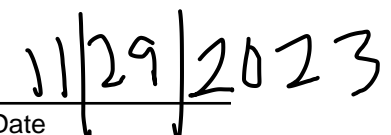
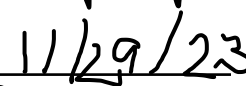
[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 1 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager

Primary Care Giver


Date

Date