

Foster Family Home - Deficiency Report

Provider ID: 1-200074

Home Name: Karen Joy Gamiao, CNA

Review ID: 1-200074-7

94-1103 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/1/2024

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, R 2/1/24

Compliance Manager,

Date

[Signature]

CCG

2/1/24

Primary Care Giver

Date