

Foster Family Home - Deficiency Report

Provider ID: 1-170046

Home Name: Brigeth Gamiao, CNA

Review ID: 1-170046-11

94-1288 Kahuanui Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 4/16/2024

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 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

4/16/24

Date
4/16/24

Date
4/16/2024 1:57:17 PM