

Foster Family Home - Deficiency Report

Provider ID: 1-140047

Home Name: Marilou E. Guieb, NA

Review ID: 1-140047-14

215 Thomas Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 4/24/2024

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 inspection.

Maribel Nakamine RN 4/24/24
Compliance Manager Date
Marilou E. Guieb 4/24/24
Primary Care Giver Date