

Foster Family Home - Deficiency Report

Provider ID: 1-623472

Home Name: Vivian Gamiao, CNA

Review ID: 1-623472-14

91-1092 Kaunolu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/22/2024

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 re-certification inspection.


CCFFH met all requirements at the time of the inspection.




Compliance Manager



Primary Care Giver



Date



Date