

# Foster Family Home - Deficiency Report

Provider ID: 1-110071

Home Name: Cynthia Gima, CNA

Review ID: 1-110071-17

1320 Anapa Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 6/4/2024

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 annual inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RN*

Compliance Manager

*C Gima*

Primary Care Giver

*6/4/24*

Date

*6/4/24*

Date