

Foster Family Home - Deficiency Report

Provider ID: 1-587686

Home Name: Gladys Asuncion, CNA

Review ID: 1-587686-22

94-446 Kahualoa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/8/2024

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,
Compliance Manager
Gladys Asuncion
Primary Care Giver

RN 7/8/24
Date
7/8/24
Date