

Foster Family Home - Deficiency Report

Provider ID: 1-190075

Home Name: Marie Alane Garrido, CNA

Review ID: 1-190075-11

271 Kaliponi Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 7/30/2024

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.

PCG is requesting to increase from a 2-client to a 3-client CCFFH.

Maribel Nakamine, RN 7/30/24
Compliance Manager Date
M. O. Owen 7/30/24
Primary Care Giver Date