

# Foster Family Home - Deficiency Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-17

91-107 Haiea Place

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 10/16/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

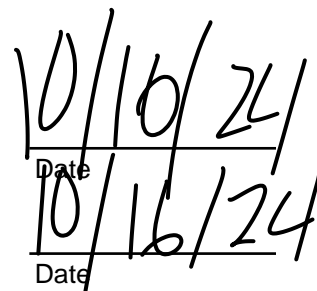
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date

Date