

# Foster Family Home - Deficiency Report

Provider ID: 1-100107

Home Name: Mariefe Galvez, RN

Review ID: 1-100107-18

2361 Ahaiki Street

Reviewer: Po Lim

Pearl City HI 96782


Begin Date: 10/3/2025


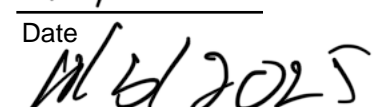
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.  
CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date