

Foster Family Home - Deficiency Report

Provider ID: 1-240096

Home Name: Fria Gaylle Falle, RN

Review ID: 1-240096-3

99-145 Lilia Place

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 10/10/2025


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

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

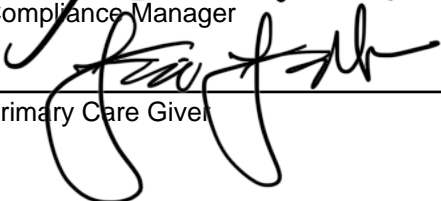
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

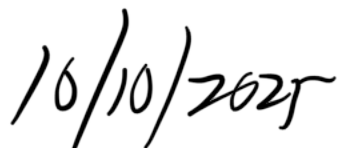
CCFFH met all requirements at the time of the inspection.



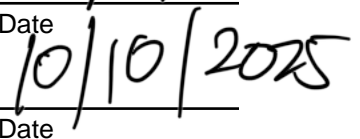
Compliance Manager



Primary Care Giver



Date



Date