

Foster Family Home - Deficiency Report

Provider ID: 1-561226

Home Name: MaryAnn Barrientos, CNA

Review ID: 1-561226-9

94-795 Nolupe Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/29/2021

Foster Family Home

Required Certificate

[11-800-6]

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

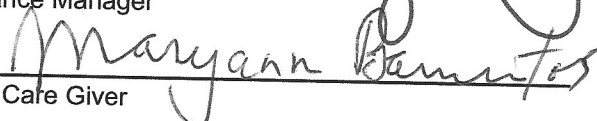
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.


Compliance Manager

Date

7/29/2021


Primary Care Giver

Date

7-29-21