

Foster Family Home - Deficiency Report

Provider ID: 4-150076

Home Name: Macrene Brown, CNA

Review ID: 4-150076-9

564 Imi Drive

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 9/30/2021

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

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

Comment:

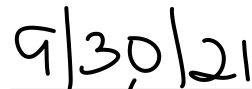
6.(d)(1) – Unannounced home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



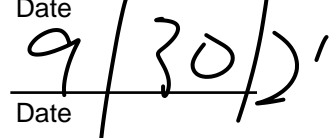
Compliance Manager



Primary Care Giver



Date



Date