

Foster Family Home - Deficiency Report

Provider ID: 1-579675

Home Name: Margerie Medina, CNA

Review ID: 1-579675-10

92-580 Pilipono Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707


Begin Date: 9/15/2021

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


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

Comment:


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



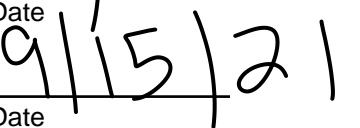
Compliance Manager



Primary Care Giver



Date



Date