

Foster Family Home - Deficiency Report

Provider ID: 1-150073

Home Name: Marybeth Leano, CNA

Review ID: 1-150073-8

94-472 Hamau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/16/2021

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 annual inspection conducted.

CCFFH is in compliance with all requirements. No deficiencies found.

Maribel Nakamine, Rev 9/16/2021
Compliance Manager Date
Marybeth Leano 9/16/21
Primary Care Giver Date