

Foster Family Home - Deficiency Report

Provider ID: 1-512807

Home Name: Cynthia Maulit, LPN

Review ID: 1-512807-11

94-771 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/28/2021

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.



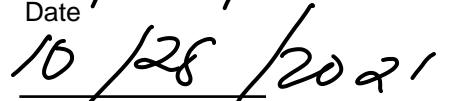
Compliance Manager



Primary Care Giver



Date



Date