

Foster Family Home - Deficiency Report

Provider ID: 2-615338

Home Name: Marina Khrapov, CNA

Review ID: 2-615338-13

223 Kulamanu Circle

Reviewer: Terri Van Houten

Kula HI 96790

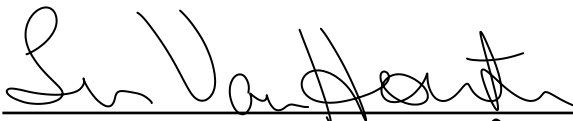
Begin Date: 10/26/2021

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

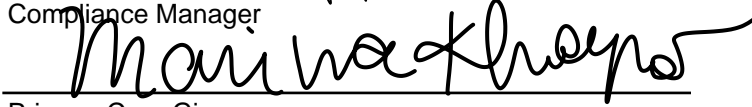
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

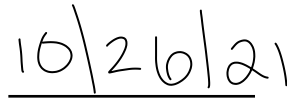
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



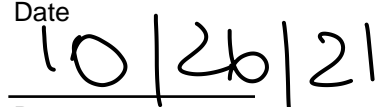
Compliance Manager



Primary Care Giver



Date



Date