

Foster Family Home - Deficiency Report

Provider ID: 4-200072

Home Name: Maryfe A. Queja, CNA

Review ID: 4-200072-3

225 South Mokapu Street

Reviewer: Terri Van Houten

Kahului HI 96732

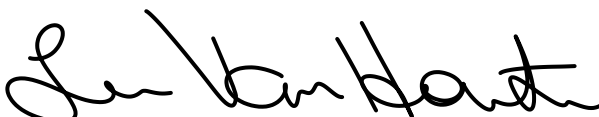
Begin Date: 11/3/2021


Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

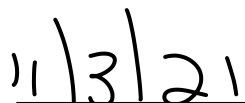
Comment:


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