

# Foster Family Home - Deficiency Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-11

94-1062 Kahuamoku Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/10/2021

Foster Family Home

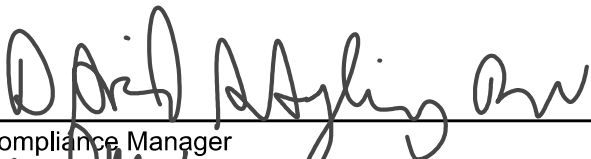
Required Certificate


[11-800-6]

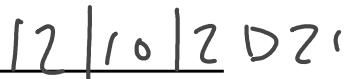
6.(d)(1) Comply with all applicable requirements in this chapter; and

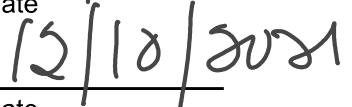
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date