

Foster Family Home - Deficiency Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

Review ID: 2-120079-11

15-1617 31st Street

Reviewer: Terri Van Houten

Kea'au HI 96749

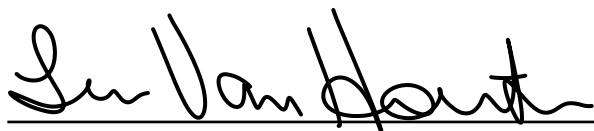
Begin Date: 11/17/2021


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

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

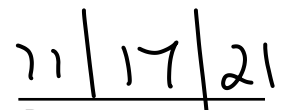
Comment:

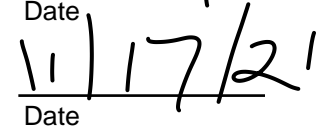
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date