

Foster Family Home - Deficiency Report

Provider ID: 1-140028

Home Name: Maricor Malvar, CNA

Review ID: 1-140028-16

94-1084 Eleu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/1/2022

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 3-bed certification.

Maribel Nakamine, CW 3/1/22
Compliance Manager Date
Maricor Malvar 3/1/22
Primary Care Giver Date