

Foster Family Home - Deficiency Report

Provider ID: 4-170095

Home Name: Mariejoy A. Vilorio, CNA

Review ID: 4-170095-7

258 Ani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 1/12/2022

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 annual home inspection made for a 3 bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

1/12/22

Date

1/12/22

Date