

Foster Family Home - Deficiency Report

Provider ID: 1-220014

Home Name: Marilou Guillermo, NA

Review ID: 1-220014-1

94-483 Ho'ae'ae Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 3/28/2022

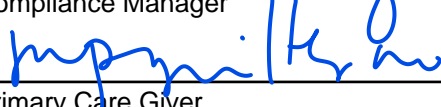
Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

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


Comment:

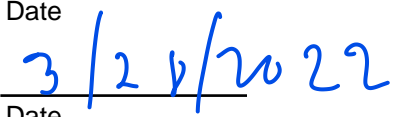
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date