

Foster Family Home - Deficiency Report

Provider ID: 1-510893

Home Name: Mariquit Delong, CNA

Review ID: 1-510893-10

94-402 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/23/2022

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, RN 3/23/22
Compliance Manager Date

[Signature]
Primary Care Giver

3/23/22
Date