

Foster Family Home - Deficiency Report

Provider ID: 1-634924

Home Name: Mae Margarette Magaoay,
CNA

Review ID: 1-634924-10

2344 Aumakua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 5/9/2022

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 inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RN 5/9/22
Compliance Manager Date
Mae Margarette C Magaoay 5/9/22
Primary Care Giver Date