

# Foster Family Home - Deficiency Report

Provider ID: 1-220027

Home Name: Marie Angelyn de Leon, RN

Review ID: 1-220027-1

95-231 Waipono Street

Reviewer: David Ayling

Mililani

HI 96789

Begin Date: 5/9/2022

Foster Family Home


Required Certificate


[11-800-6]

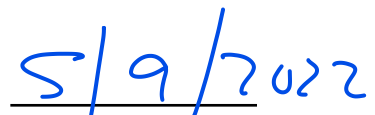
6.(d)(1) Comply with all applicable requirements in this chapter; and

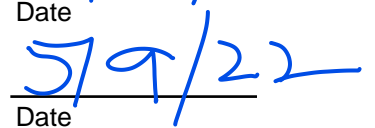
Comment:

6.(d)(1) - 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