

Foster Family Home - Deficiency Report

Provider ID: 1-598287

Home Name: Marilyn Miguel, CNA

Review ID: 1-598287-10

91-1101 Kaunolu Street

Reviewer: Po Lim

Ewa Beach HI 96706

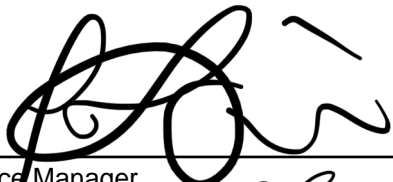
Begin Date: 5/5/2022

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

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

Comment:

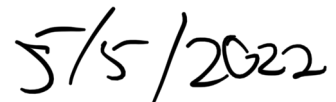
6(d)(1) Unannounced recertification or annual inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



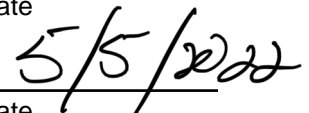
Compliance Manager



Primary Care Giver



Date



Date