

# Foster Family Home - Deficiency Report

Provider ID: 1-130009

Home Name: Rosarie Mae Marquez, CNA

Review ID: 1-130009-7

45-388 Kamehameha Hwy

Reviewer: David Ayling

Kaneohe

HI

96744

Begin Date:

6/28/2022

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

Date

Primary Care Giver

Date