Foster Family Home - Deficiency Report

Provider ID:	**1-130027**		
Home Name:	**Marjorie Yago, CNA**	**Review ID:**	**1-130027-13**
94-206 Kupuna Loop		Reviewer:	Jackie Chamberlain
Waipahu HI 96797		Begin Date:	8/4/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

Chamberlain RN
Compliance Manager

8/4/22
Date

Primary Care Giver

8/4/22
Date