

# Foster Family Home - Deficiency Report

Provider ID: 4-150076

Home Name: Macrene Brown, CNA

Review ID: 4-150076-11

564 Imi Drive

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 8/18/2022

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

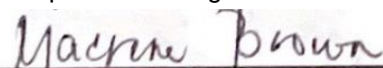
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

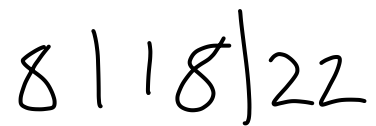
6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



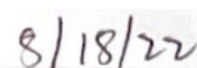
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Compliance Manager



\_\_\_\_\_  
Primary Care Giver



\_\_\_\_\_  
Date



\_\_\_\_\_  
Date