

Foster Family Home - Deficiency Report

Provider ID: 1-579675

Home Name: Margerie Medina, CNA

Review ID: 1-579675-12

92-580 Pilipono Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 9/8/2022

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

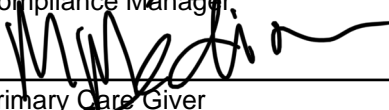
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

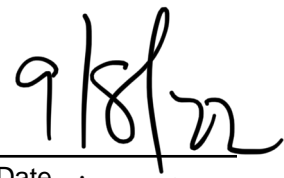
6(d)(1) Unannounced recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



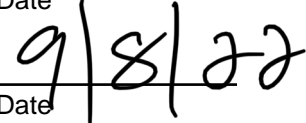
Compliance Manager



Primary Care Giver



Date



Date