

Foster Family Home - Deficiency Report

Provider ID: 1-190091

Home Name: Mark Delos Santos, CNA

Review ID: 1-190091-7

94-589 Apii Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/22/2022

Foster Family Home

Required Certificate


[11-800-6]

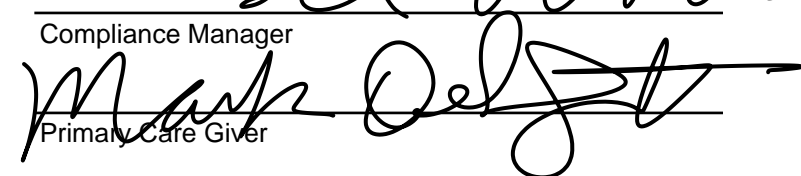
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.


Compliance Manager Date 8/22/22


Primary Care Giver Date 8/22/22