

Foster Family Home - Deficiency Report

Provider ID: 1-560294

Home Name: Thelma Maglines, CNA

Review ID: 1-560294-11

94-1192 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/22/2022

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 annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

Maribel Nakamine, CW 7/22/22
Compliance Manager Date
Thelma C. Ju 7/22/22
Primary Care Giver Date