

Foster Family Home - Deficiency Report

Provider ID: 1-210013

Home Name: Mary Joy Tarape, CNA

Review ID: 1-210013-5

94-295 Kahuahele Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/30/2022

Foster Family Home

Required Certificate


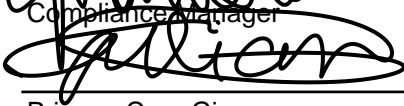
[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.


Compliance Manager

Primary Care Giver

11/30/22
Date
11/30/22
Date