

Foster Family Home - Deficiency Report

Provider ID: 1-510661

Home Name: Cecilia Mariano, LPN

Review ID: 1-510661-12

94-543 Kahuanani Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/24/2022

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.



Compliance Manager

10/24/22

Date



Primary Care Giver

10/24/22

Date