

Foster Family Home - Deficiency Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

Review ID: 2-120079-13

15-1617 31st Street

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 10/20/2022


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

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

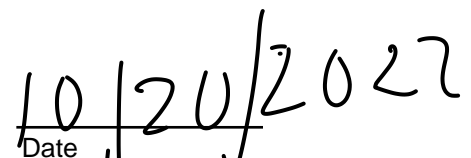
Comment:

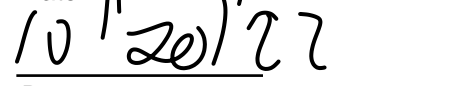
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager


Primary Care Giver



Date


Date