

# Foster Family Home - Deficiency Report

Provider ID: 1-190063

Home Name: Mari Jean Ignacio, NA

Review ID: 1-190063-8

94-1076 Kahuanui Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/20/2023

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

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

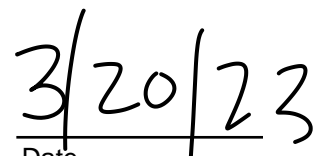
Comment:

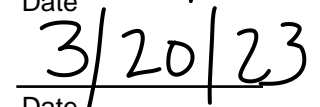
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
Compliance Manager

✓   
Primary Care Giver

  
Date

  
Date