

# Foster Family Home - Deficiency Report

Provider ID: 1-521791

Home Name: Maricar Francisco, CNA

Review ID: 1-521791-11

94-728 Kumau Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 10/18/2022


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

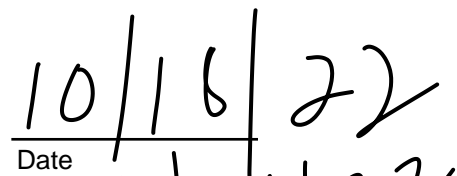
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date