

Foster Family Home - Deficiency Report

Provider ID: 1-190013

Home Name: Marilyn Martinez, CNA

Review ID: 1-190013-8

91-1422 Maliko Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 11/22/2022

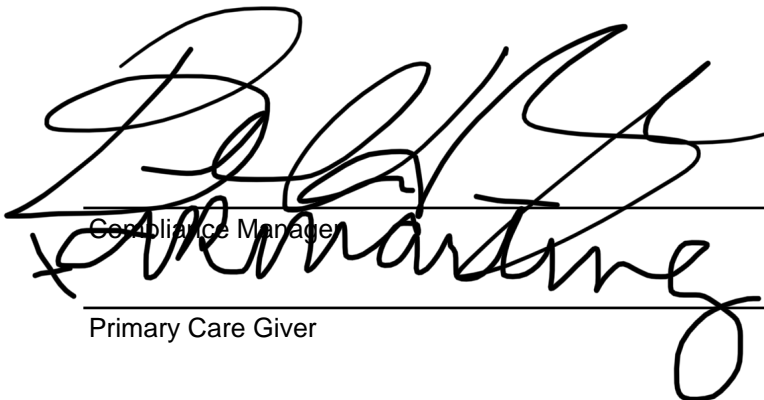
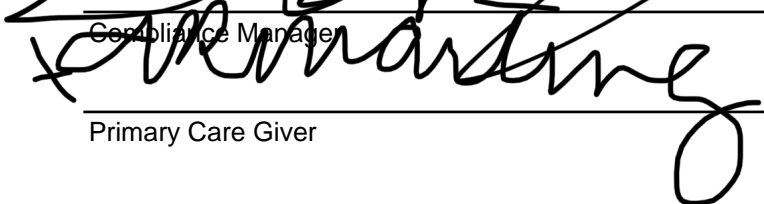
Foster Family Home	Required Certificate	[11-800-6]
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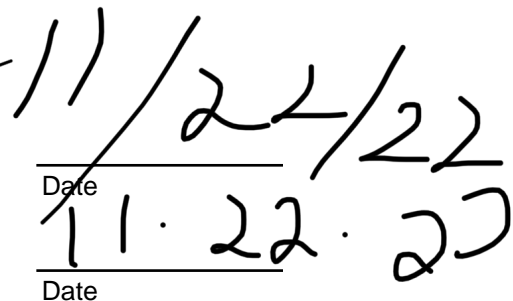
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.


Compliance Manager

Primary Care Giver


Date
11.22.22
Date