

# Foster Family Home - Deficiency Report

Provider ID: 1-509622

Home Name: Marina V. Fernandez, LPN

Review ID: 1-509622-14

91-931 Ihupani Place

Reviewer: Deborah Baumgart

Ewa Beach

HI

96706

Begin Date: 11/22/2022

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

Primary Care Giver

11/22/22  
Date  
11/22/22  
Date