

# Foster Family Home - Deficiency Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

Review ID: 1-562240-12

94-829 Kime Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 12/8/2022

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

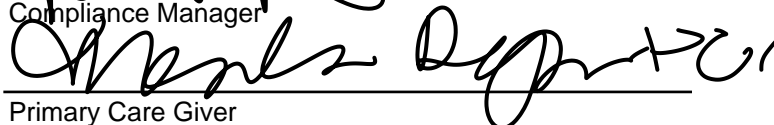
6.(d)(1)      Comply with all applicable requirements in this chapter; and

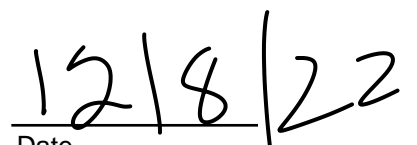
Comment:

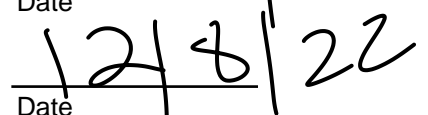
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date