

Foster Family Home - Deficiency Report

Provider ID: 1-513384

Home Name: Mary Ann Cacpal, CNA

Review ID: 1-513384-13

1927 Kuapapa Place

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 12/16/2022

Foster Family Home

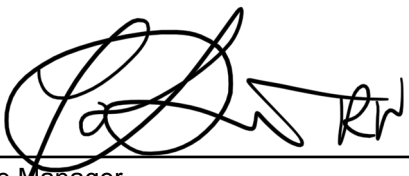
Required Certificate


[11-800-6]

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

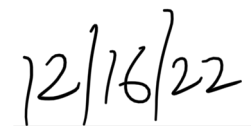
Comment:

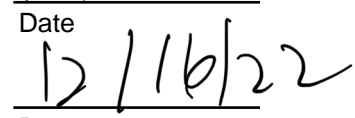
6(d)(1) Unannounced recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date