

# Foster Family Home - Deficiency Report

Provider ID: 1-190097

Home Name: Mary Grace M. Supan, CNA

Review ID: 1-190097-7

1743 Hoolaulea Street

Reviewer: Jackie Chamberlain

Pearl City HI 96782

Begin Date: 10/13/2022

Foster Family Home

Required Certificate



[11-800-6]

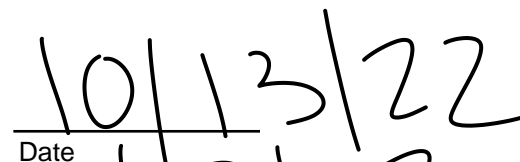
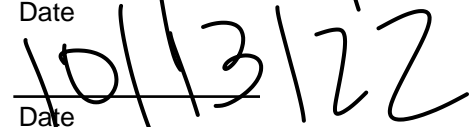
6.(d)(1) Comply with all applicable requirements in this chapter; and

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