

# Foster Family Home - Deficiency Report

Provider ID: 1-626038

Home Name: Mary Jane Lopez, CNA

Review ID: 1-626038-12

94-905 Kuhaulua Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/30/2022


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

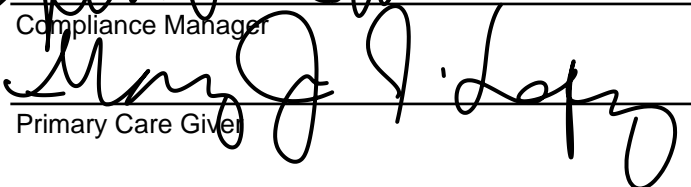
6.(d)(1)      Comply with all applicable requirements in this chapter; and

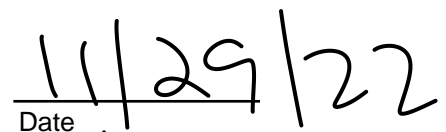
Comment:


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.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date