

Foster Family Home - Deficiency Report

Provider ID: 1-634924

Home Name: Mae Margarette Magaoay,
CNA

Review ID: 1-634924-12

2344 Aumakua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 3/29/2023

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, for 3/29/23
Compliance Manager Date
Mae Magaoay 3/29/23
Primary Care Giver Date