

# Foster Family Home - Deficiency Report

Provider ID: 1-578065

Home Name: Mari Angelene Maluyo, CNA

Review ID: 1-578065-13

2215 Auhuhu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/28/2023

**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, RN      4/28/23  
Compliance Manager      Date  
dmaluyo      4/28/23  
Primary Care Giver      Date