

Foster Family Home - Deficiency Report

Provider ID: 1-000177

Home Name: Marinellie Malvar, CNA

Review ID: 1-000177-15

1310 Palama Street

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 1/26/2023

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 annual inspection. CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

1/26/23

Date
1/24/23

Date
1/26/2023 11:24:50 AM