

Foster Family Home - Deficiency Report

Provider ID: 1-510893

Home Name: Mariquit Delong, CNA

Review ID: 1-510893-12

94-402 Opeha Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

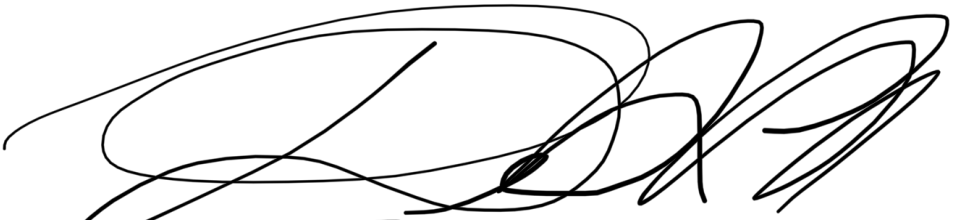
Begin Date: 3/24/2023

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

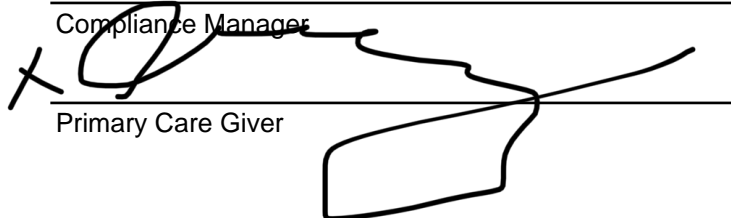
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Home visit made for a 3-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

3/24/23

Date

3/24/23

Date