

Foster Family Home - Deficiency Report

Provider ID: 1-180015

Home Name: Marissa T. Fernando, CNA

Review ID: 1-180015-11

94-1011 Hiapo Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/25/2023

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 re-certification inspection.
CCFFH met all requirements at the time of the inspection/visit.

Compliance Manager

Primary Care Giver

Date

Date