

Foster Family Home - Deficiency Report

Provider ID: 4-587785

Home Name: Mary Jean Guira, RN

Review ID: 4-587785-14

383 West Papa Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/5/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

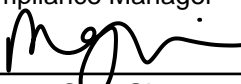
Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

CCFFH requesting to increase to 3 beds. CCFFH met all requirements to increase to a 3 bed CCFFH at the time of the inspection.



Compliance Manager



Primary Care Giver

5/5/23

Date

5/5/23

Date