

# Foster Family Home - Deficiency Report

Provider ID: 1-190049

Home Name: Mary S. Corpuz, NA

Review ID: 1-190049-8

94-719 Kalae Street

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 2/22/2023

Foster Family Home

Required Certificate

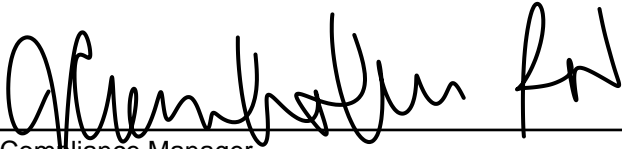
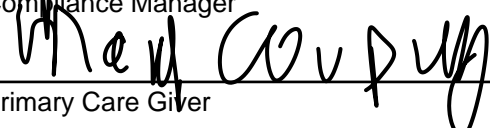
[11-800-6]


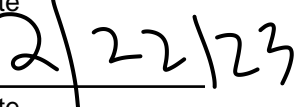
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date