

# Foster Family Home - Deficiency Report

Provider ID: 1-130009

Home Name: Rosarie Mae Marquez, CNA

Review ID: 1-130009-9

45-388 Kamehameha Hwy

Reviewer: Jackie Chamberlain

Kaneohe HI 96744

Begin Date: 3/7/2023

Foster Family Home

Required Certificate

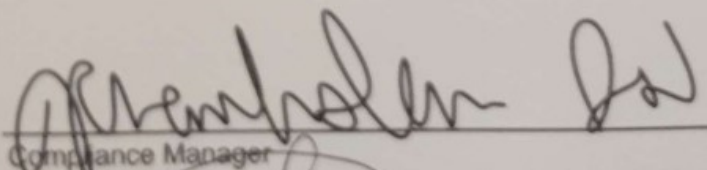
[11-800-6]

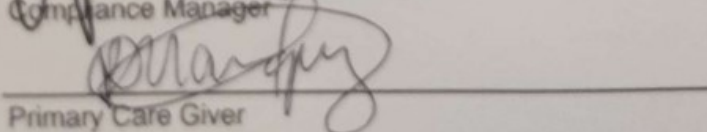
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

3/7/23  
Date  
3/7/23  
Date