

# Foster Family Home - Deficiency Report

Provider ID: 1-180076

Home Name: Margie Malvar, NA

Review ID: 1-180076-11

94-334 Kahuahele Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/20/2023

**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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

  
\_\_\_\_\_  
Compliance Manager      Date 6/20/23

  
\_\_\_\_\_  
Primary Care Giver      Date 6/20/23