

Foster Family Home - Deficiency Report

Provider ID: 1-579675

Home Name: Margerie Medina, CNA

Review ID: 1-579675-14

92-580 Pilipono Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 7/18/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date