

# Foster Family Home - Deficiency Report

Provider ID: 1-130027

Home Name: Marjorie Yago, CNA

Review ID: 1-130027-15

94-206 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/31/2023

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

	
Compliance Manager	Date
	
Primary Care Giver	Date