

# Foster Family Home - Deficiency Report

Provider ID: 1-140061

Home Name: Mary Rose Velez, CNA

Review ID: 1-140061-14

1628 Owawa Street

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 7/31/2023

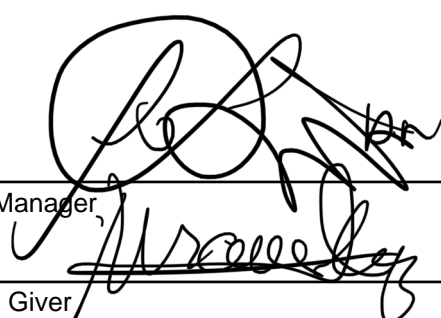
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

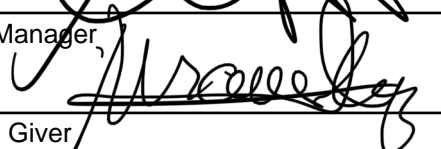
6.(d)(1) Comply with all applicable requirements in this chapter; and

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Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

7/31/2023  
Date

7/31/2023  
Date