

Foster Family Home - Deficiency Report

Provider ID: 4-230049

Home Name: Marilyn C. Paguel, CNA

Review ID: 4-230049-1

2080 Pakahi Street

Reviewer: Terri Van Houten

Wailuku

HI

96793

Begin Date: 7/25/2023

Foster Family Home


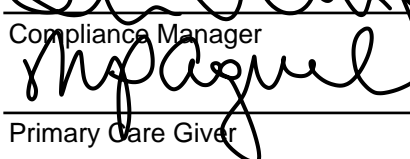
Required Certificate

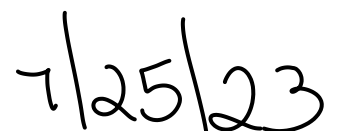
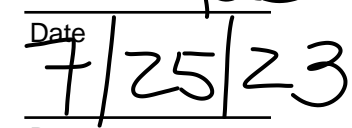
[11-800-6]

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.


Compliance Manager

Primary Care Giver


Date

Date