

Foster Family Home - Deficiency Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

Review ID: 2-120079-15

15-1617 31st Street

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 9/12/2023


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

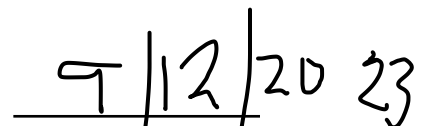
6.(d)(1) Comply with all applicable requirements in this chapter; and

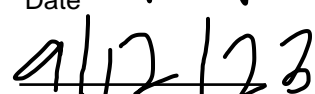
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager


Primary Care Giver


Date


Date