

# Foster Family Home - Deficiency Report

Provider ID: 1-521791

Home Name: Maricar Francisco, CNA

Review ID: 1-521791-13

94-728 Kumau Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/20/2023

**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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

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

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

10/20/23  
\_\_\_\_\_  
Date

10/20/23  
\_\_\_\_\_  
Date