

# Foster Family Home - Deficiency Report

Provider ID: 1-230060

Home Name: Marieliese Cinco, RN

Review ID: 1-230060-1

94-735 Kuhaulua Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/30/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

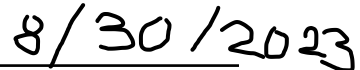
Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date