

# Foster Family Home - Deficiency Report

Provider ID: 1-586703

Home Name: Mary Jane Mades, CNA

Review ID: 1-586703-12

1034 Matzie Lane

Reviewer: Deborah Baumgart

Honolulu

HI

96817

Begin Date: 10/19/2023

Foster Family Home

Required Certificate


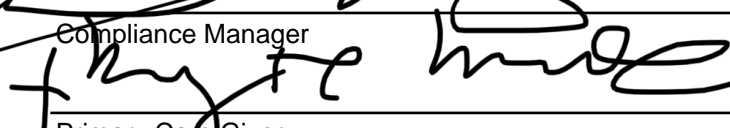
[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

10/19/23  
\_\_\_\_\_  
Date  
10/19/23  
\_\_\_\_\_  
Date