

Foster Family Home - Deficiency Report

Provider ID: 4-200072

Home Name: Maryfe A. Queja, CNA

Review ID: 4-200072-7

225 South Mokapu Street

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 10/26/2023

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

10/26/23
Date

10/26/23
Date