

Foster Family Home - Deficiency Report

Provider ID: 4-230071

Home Name: Marilyn Timbreza, NA

Review ID: 4-230071-1

55 Kuula Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/3/2023

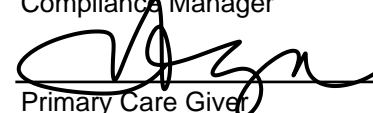
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.


Compliance Manager


Primary Care Giver

11/3/23
Date

11/3/23
Date