

Foster Family Home - Deficiency Report

Provider ID: 1-170091

Home Name: Marianne Cacatian, CNA

Review ID: 1-170091-11

2421 Notley Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.


Compliance Manager

10/20/23
Date


Primary Care Giver

10/20/23
Date