

# Foster Family Home - Deficiency Report

Provider ID: 1-626038

Home Name: Mary Jane Lopez, CNA

Review ID: 1-626038-14

94-905 Kuhaulua Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date: 11/24/2023

Foster Family Home

Required Certificate

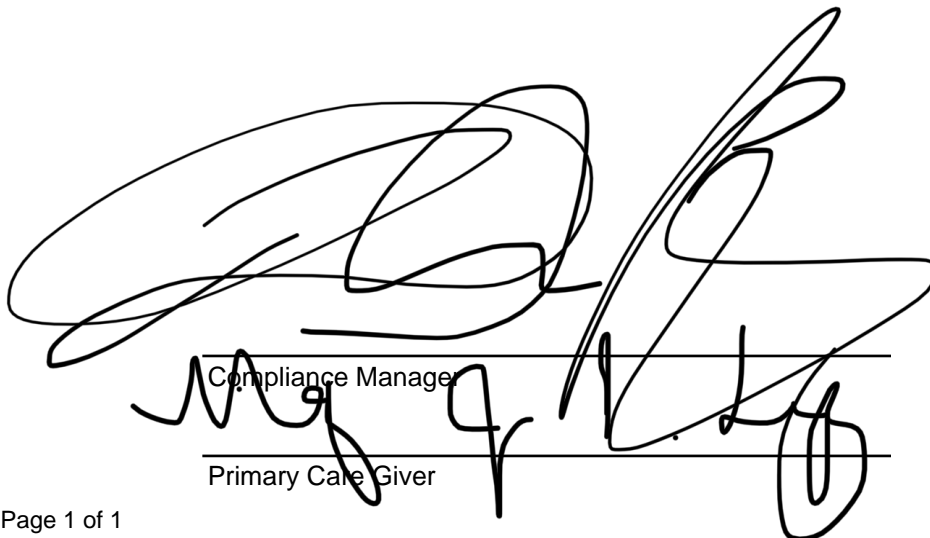
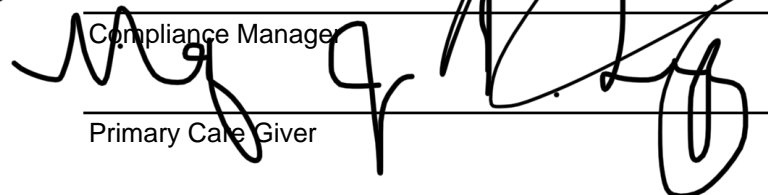
[11-800-6]

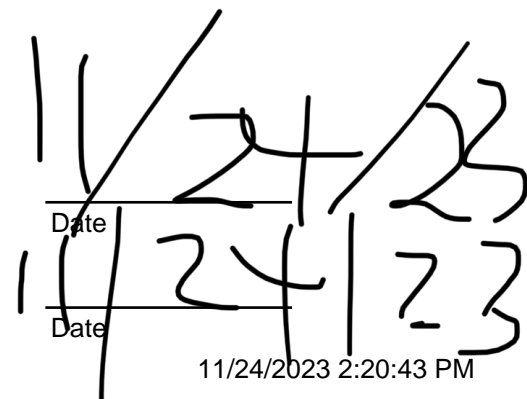
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date  
11/24/2023 2:20:43 PM