

# Foster Family Home - Deficiency Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

Review ID: 1-120076-15

94-745 Kime Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/22/2024


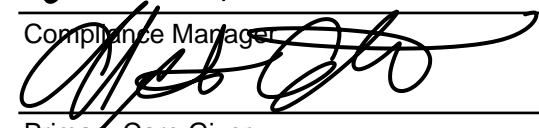
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

 Compliance Manager	 Primary Care Giver	<u>1/22/24</u> Date	<u>1/22/24</u> Date
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