

# Foster Family Home - Deficiency Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

Review ID: 1-562240-14

94-829 Kime Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/8/2023

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
Compliance Manager  
  
Primary Care Giver  
Date 12/8/23  
Date 12/8/23