

# Foster Family Home - Deficiency Report

Provider ID: 1-220027

Home Name: Marie Angelyn de Leon, RN

Review ID: 1-220027-5

95-231 Waipono Street

Reviewer: Po Lim

Mililani HI 96789

Begin Date: 2/2/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

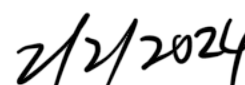
Comment:

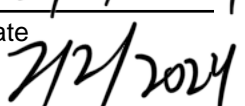
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date