

# Foster Family Home - Deficiency Report

Provider ID: 1-570219

Home Name: Mabelle Callorina, CNA

Review ID: 1-570219-14

94-708 Loaa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/21/2024

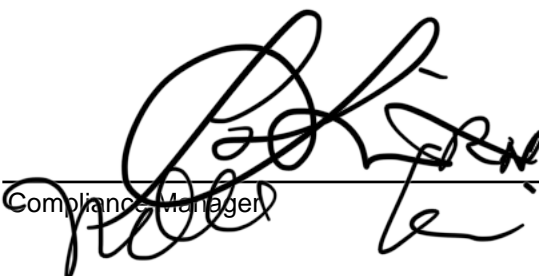
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

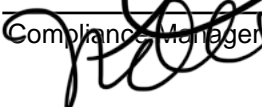
6.(d)(1) Comply with all applicable requirements in this chapter; and

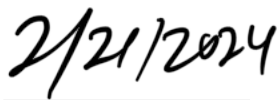
Comment:

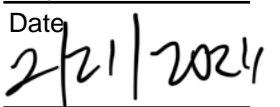
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date