

Foster Family Home - Deficiency Report

Provider ID: 1-634924

Home Name: Mae Margarette Magaoay,
CNA

Review ID: 1-634924-14

2344 Aumakua Street

Reviewer: Ryan Nakamua

Pearl City HI 96782


Begin Date: 4/2/2024


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

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


Comment:

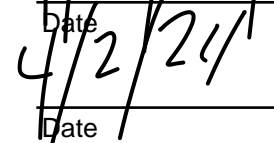
6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date