

# Foster Family Home - Deficiency Report

Provider ID: 1-598287

Home Name: Marilyn Miguel, CNA

Review ID: 1-598287-14

91-1101 Kaunolu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/22/2024



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

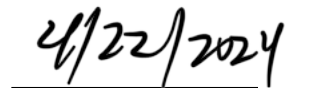
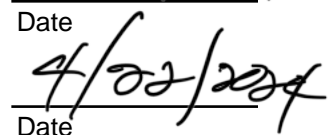
6.(d)(1) Comply with all applicable requirements in this chapter; and

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