

Foster Family Home - Deficiency Report

Provider ID: 1-510893

Home Name: Mariquit Delong, CNA

Review ID: 1-510893-14

94-402 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/15/2024


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 recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver

3/15/24
Date

3/15/24
Date