

Foster Family Home - Deficiency Report

Provider ID: 1-190049

Home Name: Mary S. Corpuz, NA

Review ID: 1-190049-10

94-719 Kalae Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 3/19/2024


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

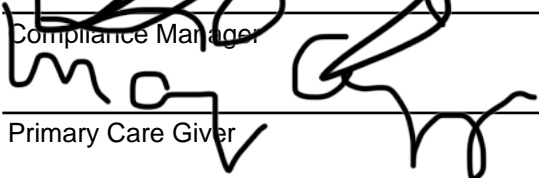
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

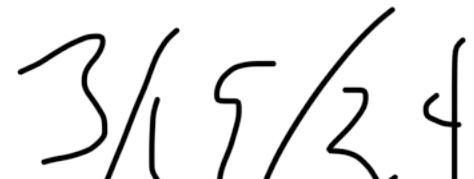
6.d.1- Unannounced visit made for a 2-bed annual inspection.

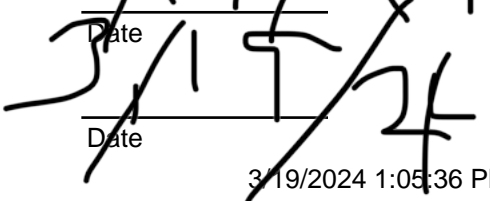
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date