

Foster Family Home - Deficiency Report

Provider ID: 1-130009

Home Name: Rosarie Mae Marquez, CNA

Review ID: 1-130009-11

45-388 Kamehameha Hwy

Reviewer: Deborah Baumgart

Kaneohe

HI 96744

Begin Date: 3/21/2024

Foster Family Home

Required Certificate

[11-800-6]

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

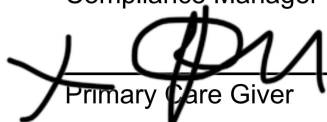
Comment:

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

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

3/21/24
Date
3/21/24
Date

3/21/2024 2:43:05 PM