

Foster Family Home - Deficiency Report

Provider ID: 1-190063

Home Name: Mari Jean Ignacio, NA

Review ID: 1-190063-10

94-1076 Kahuanui Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/3/2024

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.

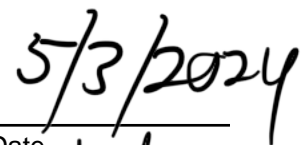
CCFFH met all requirements at the time of the inspection.

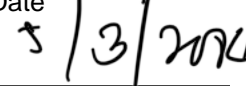


Compliance Manager



Primary Care Giver



Date


Date