

Foster Family Home - Deficiency Report

Provider ID: 4-230071

Home Name: Marilyn Timbreza, NA

Review ID: 4-230071-3

55 Kuula Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 7/12/2024

Foster Family Home

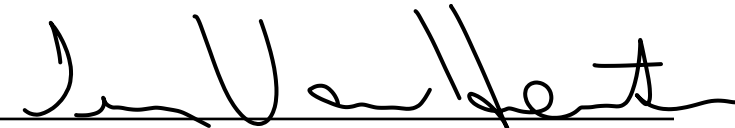
Required Certificate

[11-800-6]

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


Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

7/12/24
Date



Primary Care Giver

7/12/24
Date