

Foster Family Home - Deficiency Report

Provider ID: 1-130027

Home Name: Marjorie Yago, CNA

Review ID: 1-130027-17

94-206 Kupuna Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/15/2024


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

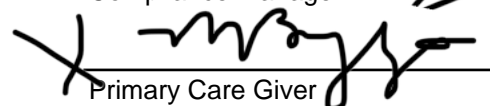
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.d.1- Unannounced visit made for a 3-bed annual inspection.

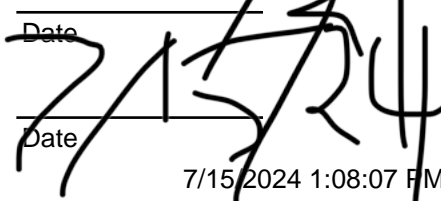
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date
7/15/2024 1:08:07 PM