

Foster Family Home - Deficiency Report

Provider ID: 1-512807

Home Name: Cynthia Maulit, LPN

Review ID: 1-512807-17

94-771 Koniaka Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/12/2024

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 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