

Foster Family Home - Deficiency Report

Provider ID: 1-190013

Home Name: Marilyn Martinez, CNA

Review ID: 1-190013-12

91-1422 Maliko Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/17/2024

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

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

Comment:

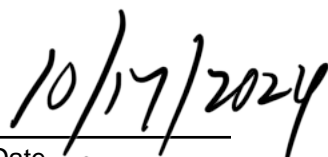
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

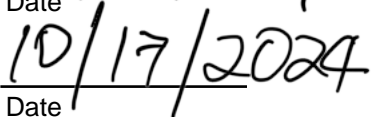
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date