

# Foster Family Home - Deficiency Report

Provider ID: 1-240087

Home Name: Joan Shalinor Mariano, CNA

Review ID: 1-240087-1

94-963 Kaaholo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/20/2024

Foster Family Home


Required Certificate

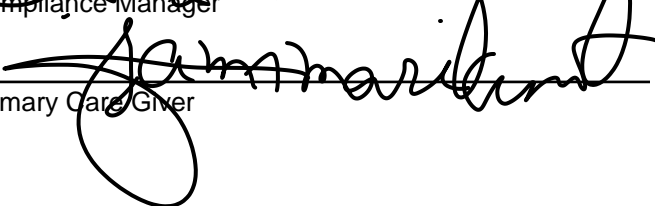
[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date 11/20/2024

\_\_\_\_\_  
Date 11-20-2024