

Foster Family Home - Deficiency Report

Provider ID: 1-240020

Home Name: Marifi Siapno, CNA

Review ID: 1-240020-1

201 Kaliponi Street

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 3/18/2024

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

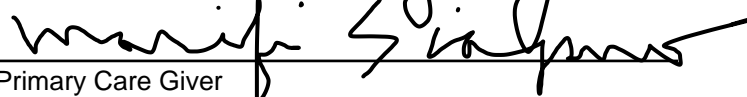
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

3/18/2024
Date


Primary Care Giver

3-18-2024
Date