

Foster Family Home - Deficiency Report

Provider ID: 1-240015

Home Name: Marla Castro, NA

Review ID: 1-240015-1

98-259 Hekaha Street

Reviewer: David Ayling

Aiea HI 96701

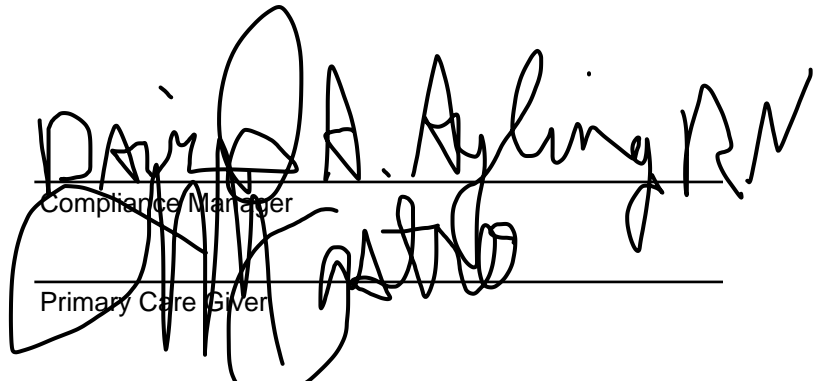
Begin Date: 2/13/2024

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

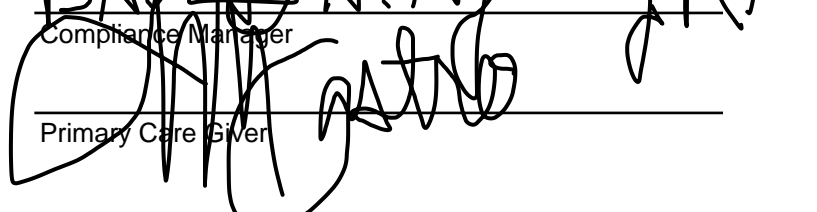
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

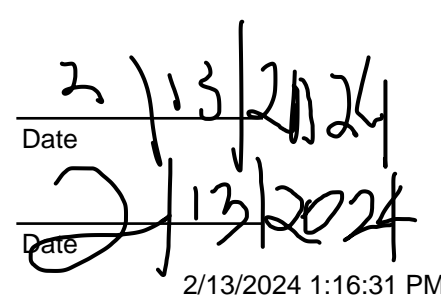
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



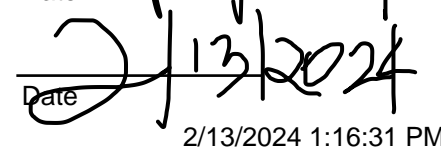
Compliance Manager



Primary Care Giver



Date



Date

2/13/2024 1:16:31 PM