

Foster Family Home - Deficiency Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

Review ID: 1-562240-16

94-829 Kime Street

Reviewer: Ryan Nakamura

Waipahu HI 96797


Begin Date: 11/7/2024

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

11/7/24

Date
11/7/24

Date