

# Foster Family Home - Deficiency Report

Provider ID: 1-626038

Home Name: Mary Jane Lopez, CNA

Review ID: 1-626038-16

94-905 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/25/2024

**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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN      9/25/24  
Compliance Manager      Date  
Mary J. Lopez      9/25/24  
Primary Care Giver      Date