

# Foster Family Home - Deficiency Report

Provider ID: 1-559130

Home Name: Mercedita Morgia, CNA

Review ID: 1-559130-17

41-519 Inoa Street

Reviewer: Po Lim

Waimanalo HI 96795

Begin Date: 8/5/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date