

# Foster Family Home - Deficiency Report

Provider ID: 1-130027

Home Name: Marjorie Yago, CNA

Review ID: 1-130027-19

94-206 Kupuna Loop

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/5/2025

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 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date