

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]

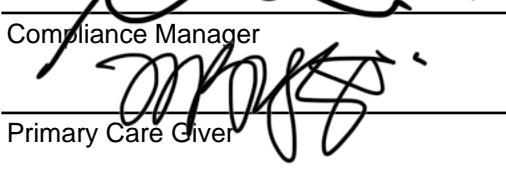
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

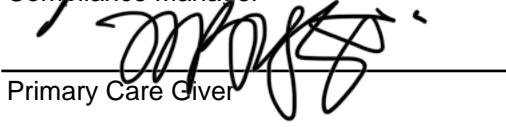
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager


9/5/2025

Date


09/05/2025

Date