

Foster Family Home - Deficiency Report

Provider ID: 1-150073

Home Name: Marybeth Leano, CNA

Review ID: 1-150073-16

94-472 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/4/2025

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

Primary Care Giver

Date

Date