

Foster Family Home - Deficiency Report

Provider ID: 4-170095

Home Name: Mariejoy A. Vilorio, CNA

Review ID: 4-170095-15

258 Ani Street

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 2/24/2026

Foster Family Home


Required Certificate

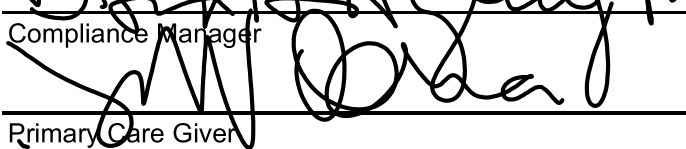
[11-800-6]

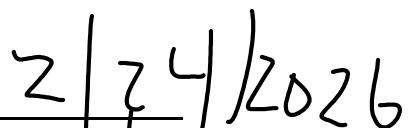
6.(d)(1) Comply with all applicable requirements in this chapter; and

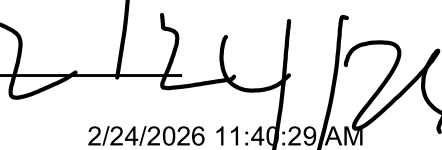
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager


Primary Care Giver


Date


Date