

Foster Family Home - Deficiency Report

Provider ID: 4-200072

Home Name: Maryfe A. Queja, CNA

Review ID: 4-200072-11

225 South Mokapu Street

Reviewer: David Ayling

Kahului HI 96732


Begin Date: 10/31/2025

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

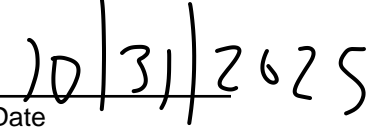
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



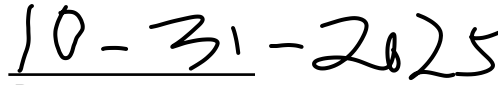
Compliance Manager



Primary Care Giver



Date



Date