

Foster Family Home - Deficiency Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

Review ID: 2-120079-19

15-1617 31st Street

Reviewer: Ryan Nakamura

Kea'au

HI 96749

Begin Date: 9/30/2025

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

9/30/25
Date
9/30/25
Date