

Foster Family Home - Deficiency Report

Provider ID: 1-210013

Home Name: Mary Joy Tarape, CNA

Review ID: 1-210013-11

94-295 Kahuahale Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/20/2025

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.

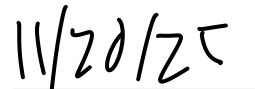
CCFFH decreased to 2 bed CCFFH.



Compliance Manager



Primary Care Giver



Date



Date