Foster Family Home - Deficiency Report

Provider ID:	**1-190063**		
Home Name:	**Mari Jean Ignacio, NA**	**Review ID:**	**1-190063-14**
94-1076 Kahuanui Street		Reviewer:	Deborah Baumgart
Waipahu HI 96797		Begin Date:	5/19/2026

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

5/19/26
Date

Primary Care Giver

5/19/26
Date