

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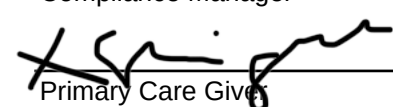
6.(d)(1) Comply with all applicable requirements in this chapter; and

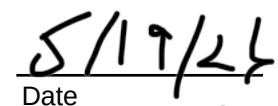
Comment:

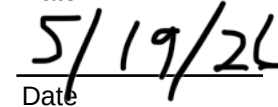
6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver


Date


Date