

Foster Family Home - Deficiency Report

Provider ID: 1-564189

Home Name: Betty Rumbaoa, CNA

Review ID: 1-564189-9

91-1020 Nihopeku Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 9/16/2021


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

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


Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

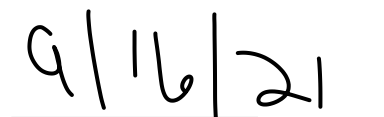
No Deficiency Report issued.



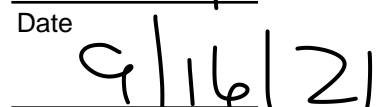
Compliance Manager



Primary Care Giver



Date



Date