

Foster Family Home - Deficiency Report

Provider ID: 1-631532

Home Name: Michelle Umayam, CNA

Review ID: 1-631532-7

91-1080 Hoowalea Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/15/2021


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 annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required


Compliance Manager


Primary Care Giver

10/15/21
Date

10/15/21
Date