

Foster Family Home - Deficiency Report

Provider ID: 1-618952
Home Name: Myrna Bahou, NA
94-564 Kupuna Loop
Waipahu HI 96797
Review ID: 1-618952-10
Reviewer: David Ayling
Begin Date: 10/28/2021

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

Handwritten signature of David A. Ayling, RN
Compliance Manager
Handwritten signature of Myrna Bahou
Primary Care Giver

Handwritten date 10/28/2021
Date
Handwritten date 10/28/2021
Date