Foster Family Home - Deficiency Report

Provider ID:	**1-561218**		
Home Name:	**Mayrose Bamba, CNA**	**Review ID:**	**1-561218-10**
739 Hoopai Street		Reviewer:	Adrienne Kolo
Pearl City HI 96782		Begin Date:	3/10/2022

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 3 person CCFFH recertification. All requirements were met at the time of inspection.

Compliance Manager — Date 3/10/22

Primary Care Giver — Date 3/10/22