

# Foster Family Home - Deficiency Report

Provider ID: 1-110039

Home Name: Rosemarie Vida, RN

Review ID: 1-110039-7

94-720 Kamalo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/20/2022


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

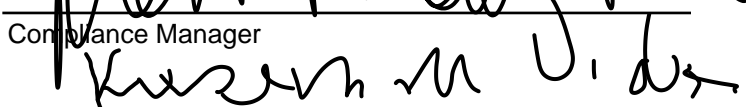
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No Deficiency Report issued.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

4/21/22  
\_\_\_\_\_  
Date

4/21/22  
\_\_\_\_\_  
Date