

# Foster Family Home - Deficiency Report

Provider ID: 1-170054

Home Name: Mayrose Abadilla, CNA

Review ID: 1-170054-9

94-992 Kualua Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/1/2022


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

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

Comment:

6.d.1- Unannounced annual inspection conducted. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No Deficiency Report issued.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

7/1/22  
\_\_\_\_\_  
Date  
~~7/1/22~~  
\_\_\_\_\_  
Date