

# Foster Family Home - Deficiency Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, CNA

Review ID: 1-130050-14

91-706 Poloula Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

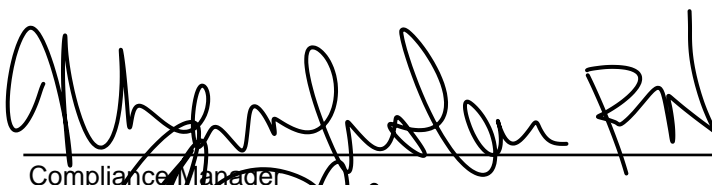
Begin Date: 8/11/2022

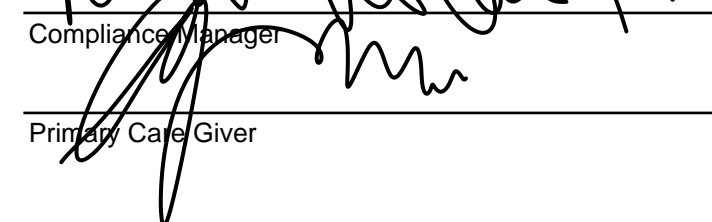
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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.  
No citations, no plan of correction required

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

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

8/15/22  
\_\_\_\_\_  
Date

8/15/22  
\_\_\_\_\_  
Date