

Foster Family Home - Deficiency Report

Provider ID: 1-564189

Home Name: Betty Rumbaoa, CNA

Review ID: 1-564189-11

91-1020 Nihopeku Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 8/31/2022

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. No deficiencies found.

CCFFH is in compliance with all requirements.



Compliance Manager Date 8/31/22



Primary Care Giver Date 8/31/22

8/31/2022 12:38:09 PM