

# Foster Family Home - Deficiency Report

Provider ID: 1-100122

Home Name: Mila Rose Pasamonte, CNA

Review ID: 1-100122-15

630 Kaniahe Street

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date:

8/18/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

  
Compliance Manager 8/18/22  
  
Primary Care Giver 8/18/22