

# Foster Family Home - Deficiency Report

Provider ID: 1-190012

Home Name: Cecille Murao, CNA

Review ID: 1-190012-9

94-1035 Hapapa Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/20/2022

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

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

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Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

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

10/20/22  
\_\_\_\_\_  
Date  
10/25/22  
\_\_\_\_\_  
Date