

Foster Family Home - Deficiency Report

Provider ID: 1-220091

Home Name: Mae Badua, CNA

Review ID: 1-220091-1

94-305 B Waikele Road

Reviewer: David Ayling

Waipahu HI 96797

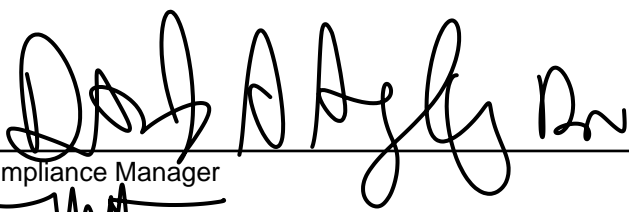
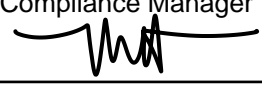
Begin Date: 12/9/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager

Primary Care Giver

12/9/2022
Date
12/9/2022
Date