

Foster Family Home - Deficiency Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-11

724 Ihi Ihi Avenue

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 11/16/2022


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


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

Comment:

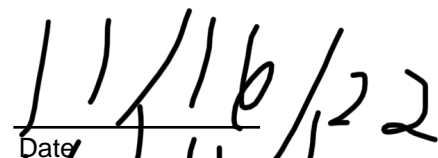
6.d.1- Unannounced annual inspection conducted. No deficiencies found.

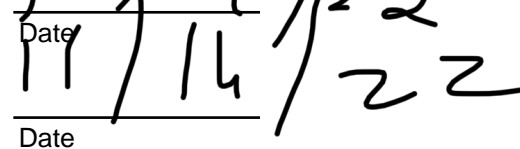
CCFFH is in compliance with all requirements.



Compliance Manager


Primary Care Giver



Date


Date