

Foster Family Home - Deficiency Report

Provider ID: 1-561218

Home Name: Mayrose Bamba, CNA

Review ID: 1-561218-12

739 Hoopai Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 2/16/2023

Foster Family Home

Required Certificate

[11-800-6]

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

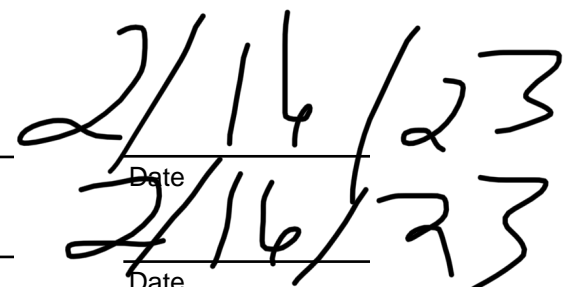
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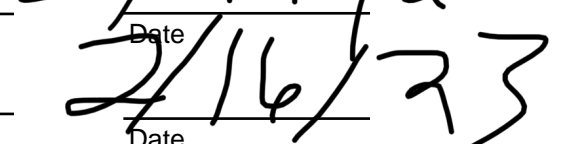
6.(d)(1)-Unannounced visit made for a 3-bed annual inspection. CCFFH met all requirements at the time of inspection.



Compliance Manager


Primary Care Giver



Date


Date