

# Foster Family Home - Deficiency Report

Provider ID: 1-618952

Home Name: Myrna Bahou, NA

Review ID: 1-618952-14

94-564 Kupuna Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/6/2023


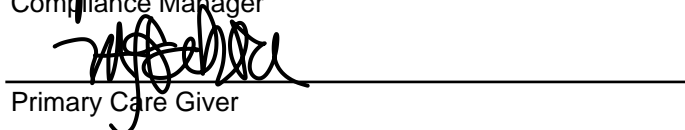
Foster Family Home	Required Certificate	[11-800-6]
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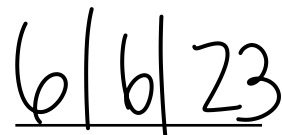

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date