

Foster Family Home - Deficiency Report

Provider ID: 1-564189

Home Name: Betty Rumbaoa, CNA

Review ID: 1-564189-13

91-1020 Nihopeku Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 7/7/2023


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

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

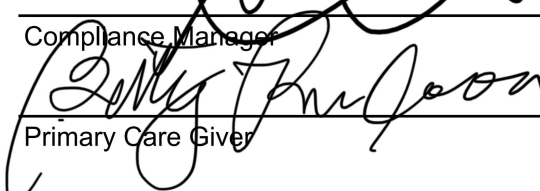
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

7/7/23
Date

7/7/23
Date