

Foster Family Home - Deficiency Report

Provider ID: 1-100122

Home Name: Mila Rose Pasamonte, CNA

Review ID: 1-100122-17

630 Kaniahe Street

Reviewer: Deborah Baumgart

Wahiawa

HI

96786

Begin Date:

8/22/2023

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection


Compliance Manager

Primary Care Giver
8/22/23
Date
8/22/23
Date